ABSTRACT
OF THE
Croonian Lectures
ON THE
PATHOLOGY AND RELATIONS OF ALBUMINURIA.

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LECTURE I.

I PROPOSE to bring under consideration some of the larger facts which are connected with the several forms of renal disease characterised by an albuminous state of the urine, marking their pathological distinctions, tracing their points of mutual relationship, and touching upon their associations with organic changes external to the kidney, or more or less widely distributed through the economy.

The organic conditions of persistent albuminuria may be broadly divided into three:—

First, *nephritis, tubal or diffuse*, the product of simple inflammation of the secreting structures. This, though essentially tubal, may, if intense or long-continued, involve the interstitial tissue in the inflammatory process, and supply the granular kidney with one mode of origin.

Secondly, the *granular kidney*, or the *kidney of chronic interstitial hypertrophy*, usually beginning as an independent change, but possibly a sequel of the more acute disorder.

Thirdly, the *lardaceous kidney*, a condition in which this gland participates only in an infiltration common to many organs and tissues of a material different from any of the normal constituents of the body.

The first begins with changes local to the kidney, but often ends in results general to the arterial system; the second is so constantly associated with arterial changes that it is disputed whether the renal and the arterial are cause and effect or are simultaneous results of circumstances antecedent to both; the third begins, without question, systemically, producing renal disease as only one of a series of secondary organic changes. Each of these conditions has its points of contact with the others. Nephritis at first tubal may end intertubally, and thus, however rarely, the large smooth kidney become small and granular. The granular kidney, or the kidney of interstitial fibrosis, though usually of independent origin, may take its rise in either of the other forms of change. And the lardaceous state, to complete the complicated relationship, may set up renal inflammation, whether of the tubes or of the interstitial tissue.

I will touch in brief and general terms upon the origin, nature, and connexions of each disorder.

Tubal or diffuse nephritis—for tubal nephritis so often begins diffusely, or becomes diffuse, that no more definite separation can be made between them than between slight and severe—is a catarrhal exasperation of the secreting function, due to some excessive or unsuited stimulus. Mere tubal catarrh, with attendant obstruction and congestion, is happily, in a large majority of cases, the only organic change; but when the process is intense or persistent, it is apt to cause in the interstitial tissue a delicate hypernucleation which, in its early stages, may easily escape notice, but may lead in the end to fibroid thickening. The smooth, swollen kidney, white or red, as blood or epithelium predominate, may acquire in the end a granular inequality of surface, should the interstitial tissue become involved and time be given for consequent changes. It may be laid down as an axiom in renal pathology that granulation invariably implies fibrosis. No mere tubal condition, whether of distention or collapse, breaks the superficial level.

Thus, according to date and intensity, the following outline may be drawn of the phases of renal inflammation:—

1. *The congested kidney.*—The blood-dripping kidney of acute congestive nephritis.

2. *The large white kidney.*—Swollen and pale, either absolutely smooth or but sparsely dimpled; dependent upon nephritis mainly, and from the first tubal, but which may have come to involve the intertubal tissue. Superficial depressions, if they exist, are a sign that it has become thus complicated.

3. *The contracting kidney of nephritis.*—Granulating and fibrotic like the granular kidney of latent origin; not often thus ensuing upon acute inflammation, but to be recognised as a rare and late result.

The intimate mechanism of these changes may be briefly reverted to. The first noticeable changes are an excessive production of epithelium and an excessive influx of blood; the epithelium cemented into cohesion by the fibrine which escapes from the overloaded vessels. The congestive type is well marked, and often rapidly fatal. It may be attended with swelling so great and so sudden that the capsule of the kidney may actually burst and bleeding take place into the areolar tissue of the loins. In this intensely congestive form scattered spots of nucleation may be found, perhaps not uniformly, but sometimes abundantly, in the interstitial tissues both of cones and cortex. And in the slower form, which is marked by the large white kidney, similar germs of interstitial fibrosis may be detected in severe or protracted cases. Morbid change to be simple must generally be recent; not that all recent disease is necessarily simple. When nephritis is protracted, and even sometimes when of recent origin, the nuclei of the interstitial tissue swell and multiply; they become numerous and conspicuous in each of the once pellucid bars by which the secreting elements are separated, and may even occupy so much of the section as to exclude nearly everything else from view. This helps to give its extravagant bulk to the white kidney of old date, and to render return to health impossible. I have not dwelt upon the tubal changes which are essential to the disease, and are the main cause of its symptoms. The epithelial accumulation and its frequent fatty change under the inflammatory process are well known. The catarrhal change is first to come and may be first to go. The nucleation may outlast the catarrh and remain when the tubes have for the most part recovered themselves, as the only prominent change. Usually the two persist together, and with tubal distention and intertubal nucleation, much increase of bulk, and a still smooth surface, the large white kidney finds its close.

More rarely, time is given for the nuclei to develop into fibre, the fibre to contract, and the surface to granulate. In answer to the question, how long it takes the once smooth kidney of nephritis to become granular? I may refer to the case of a boy who died at the age of eleven with this state of kidney, as the result, apparently, of scarlatina three years before; with a girl who died of the same disorder at the age of twenty-one, it was traced with equal probability to scarlatina eleven years before; and probably in most cases in which the course of nephritis can be counted by years more or less interstitial fibrosis, and its result in superficial granulation, can be detected.

Passing from the kidney itself to the changes consequent upon its disturbance in other organs and tissues, affections of the inflammatory sort, chiefly such as concern the respiratory organs, are the most frequent and the most fatal in childhood; while the dropsical and uræmic results of the disease are the most mischievous in later life. In the next place, it is of interest to inquire whether any secondary arterial or cardiac affection can be recognised in connexion with this inflammatory form of renal disease, since the answer may throw light upon the disputed origin of the cardio-vascular changes which are so common with the granular kidney.

I have examined somewhat carefully into the state of the arteries and of the kidneys in as many well-marked cases of inflammatory disease as recent opportunities have allowed. The results are displayed in a table [which gave the particulars of five cases of acute renal dropsy, all in young and previously healthy subjects; four were children varying in age from six to thirteen, the fifth a girl of nineteen; the duration of the disorder varied from ten weeks to as many months]. In all, the arterioles were thickened and the heart hypertrophied. In each case the arterioles were carefully compared with those of health and of the same time of life,

prepared in precisely the same manner, many different methods being used. As to the result, there was no doubt the thickening involved both muscular and fibroid coats, though neither to the extent found with the granular kidney. [Diagrams, made with the camera lucida, showing the exact relative thicknesses of the morbid as compared with healthy arteries, were exhibited.] Degenerative changes, especially in the nuclei, were noticed in some of the cases. A conclusion of great importance is forced upon us by the facts: that under the influence of renal disease of inflammatory origin in previously healthy subjects the arteries undergo changes similar in kind to those which accompany the granular kidney, however small in degree. But while these changes certainly ensue upon disease at first local to the kidneys, it is not so easy to assert that they occur independently of renal fibrosis, since some degree of incipient fibrosis or nucleation is generally to be found in the kidney where the disease has lasted long enough to set up the cardio-vascular change. But considering the youth and previous health of the subjects, and the inflammatory nature of the attack in each instance, it is quite clear that both the fibrosis and the arterial thickening were results of the local glandular disturbance, not parts of a general deterioration.

With these arterial and cardiac changes are to be noted an increase of arterial tension as appreciated with the sphygmograph, and occasionally its retinal results in hæmorrhages and white spots.

Thus, to conclude a crucial part of a debated question—vascular tension, cardiac hypertrophy, arterial thickening, and retinal hæmorrhage, are all to be found with, and are presumably caused by, disease beginning locally to the kidney as the result of inflammation.

To pass now to the more chronic disease, which is recognised by the granular kidney, and caused by creeping fibrosis, we have to describe a condition which begins with and belongs essentially to the connective and vascular structures. The change begins in a disproportioned growth, somewhat of a rank luxuriance, in the fibroid tissue with which the arterial channels are uniformly fringed. Hypertrophy of this part leads to atrophy of the rest, creeping along the arterial lines with slow and hesitating steps, involving the organ not all at once, but by little and little; the disease makes itself felt so gradually that its date is usually indeterminable, and in other respects, too, it affords a precise contrast to the more acute disorder.

The organic derangement is declared pathologically by the superficial loss of level, to which the term granulation is applied. This condition is only produced by a drawing-in of the surface at certain points by a contractile growth, the distribution of which is determined by that of the blood-vessels around which it begins. The essence of the disease as it first takes substance and shape is a multiplication of nuclei, with subsequent fibrillation in the interstitial tissue. Spreading inwards along the arteries, surrounding concentrically the Malpighian bodies, imbedding, compressing, and strangulating the tubes in its path, while others for a time escape only to yield to its later encroachment, the growth overruns the gland after the manner of the invader who likened his scheme to the eating of an artichoke leaf by leaf. The new growth is different in its rich nucleation from the original fibrous tissue of the organ. It occurs sometimes in great masses, and develops capillary bloodvessels within itself. [These particulars were demonstrated from diagrams.]

To touch upon the changes which ensue in the gland upon its occupation by this growing and contracting material, they are due in part to its bulky presence, and in part to its constricting action; the former are best seen in the rare granular kidney of childhood, the latter in the more chronic form which belongs to advancing life. The tubes are variously distorted parcelled by the fibroid tissue into insular groups, cut up into cysts and compressed to impenetrable threads. The epithelium suffers little; late in the disease it is variously distorted by pressure.

Besides the slow and gradual accession which is the rule of the disease, it is to be distinctly recognised that the disorder may be an immediate though slowly declared sequence of acute nephritis. The general interstitial nucleation which may be left by the inflammatory process may grow into fibre, and the fibre contract until at last the granular kidney results. This origin, however, of the granular kidney is exceedingly rare.

Passing to the cardio-vascular changes which accompany the granular kidney, hypertrophy of the heart, though not invariably present with it, is so frequently so as to be a most valuable clinical diagnostic of the renal condition. With regard to the arteries, these broad modifications are to be recognised as contributing in different proportions to their change—first, a thickening with alteration of texture of the muscular coat; secondly, a thickening of the fibrous coat; thirdly, a degeneration which chiefly affects the muscular coat, but may in the end supersede every other morbid process, and replace all distinction of coat by a mere confusion of granules and fat. [These changes were illustrated by diagrams, and explained in further detail.] The thickening of the outer coat is not to be attributed to the action of reagents, since it can be displayed with any. The hypertrophy of the fibrous coat is a real pathological change, and that of the muscular not less so. It seems that the muscular hypertrophy often appears earlier than the fibroid. The ultimate degenerative changes, which chiefly belong to the muscular, are the chief agents in causing the brittleness of vessel to which the hæmorrhagic proclivities of the disease are so largely due.

As with the kidney of nephritis, but more markedly with the disease now under consideration, these changes in the circulating system are attended with an increase of arterial tension, a concurrence which has recently been fully treated of in this room by Dr. Sibson.

A Clinical Lecture
ON THE
TREATMENT OF INCIPIENT STRICTURE BY OTIS'S OPERATION.

Delivered at University College Hospital, March 16th, 1876.

BY BERKELEY HILL,
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GENTLEMEN,—In a lecture which I had the honour of delivering before you more than a year ago* I endeavoured to describe and classify the various causes of the scanty urethral discharge known by the term "gleet." I pointed out that, produced by affections of very different nature and in different parts of the urethra, these discharges required very distinct kinds of treatment for their cure. I still adhere to that opinion—one common to most who study urinary disorders.

Last July, you recollect, Dr. Fessenden N. Otis, a distinguished surgeon of New York, demonstrated in our operating theatre his mode of curing gleets and stricture of the urethra, in a lecture remarkable for its clearness and for the skill with which his manipulations were performed. In that exposition Dr. Otis enunciated views which vary considerably from, and indeed are opposite to, the doctrines usually taught in this country. I propose to-day to examine what we were told on that occasion with the light that some experience we have been able to gain in our own hospital has thrown upon it. In doing this I would not have you suppose that there was little to be learned from our American *confrère*; on the contrary, I am satisfied that much of what he told us is perfectly true, and a real contribution to our knowledge of urethral affections.

The chief points of Dr. Otis's demonstrations were:—

1. The human urethra varies much in its calibre in different persons. Hence an instrument that is a full size for one man may be either much too great or too small for another.

2. The urethra is really much wider than is generally taught.

* Reported in THE LANCET of Feb. 13th, 1875.

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3. The meatus urinarius is normally as wide as the rest of the canal.

4. Gleet is always due to stricture. It is "the signal that nature hangs out to call attention to the fact that stricture exists somewhere."

5. In the term stricture Dr. Otis includes those early indurations which have not sufficiently advanced to interfere with the passage of urine or to produce any symptom beyond a discharge. But he maintains them to be really bands of contractile tissue-fibres produced by inflammatory action.

6. Stricture is most frequent in the first inch from the meatus, and is less frequent as the distance from the entry increases.

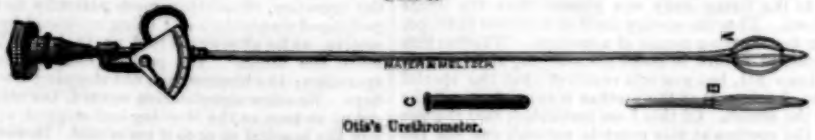
7. Complete division of a stricture and maintenance of the incised part at its natural width until the incision is thoroughly healed prevents return of the contraction, and, moreover, *causes absorption of the indurated tissue from the affected part.*

I propose to examine these novelties one by one.

That the urethra should vary in calibre in different persons, considering that the penis also varies greatly, might well be presumed *a priori;* and Dr. Otis has most satisfactorily demonstrated that it does so. But I trust you have not forgotten the description of the urethra given by Sir Henry Thompson in his lectures to you before Christmas. He there showed how the urethra is not a tube at all except while some body is passing along it, and defined it to be a *closed valvular chink,* capable of distension to a different amount in different parts of its length. It will be well to bear this in mind, and also that for our purpose to-day we are concerned only with the *spongy portion* of the urethra.

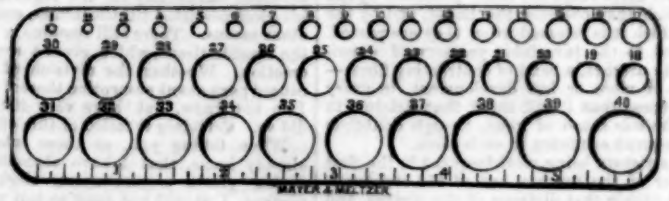
Books on anatomy tell us that the bulbous portion is somewhat wider than the rest, having a circumference of seven-tenths of an inch, and that the remaining part is one or two tenths less in circumference; further, that the meatus does not exceed one-quarter of an inch in width. These measurements are doubtless taken from the dead body, and if we conclude that they represent the dimensions of the living urethra, we shall be in error. The practical importance of ascertaining what is the usual extent to which the "valvular chink" is dilated during micturition is this: diminution of capacity in the urethra means impediment to the flow of urine from the bladder. If the balance between the natural expulsive force of the bladder and the friction of the stream along the urethra is disturbed, the bladder is irritated, the kidneys are affected, and the beginning of the long chain of events, which terminate not infrequently in death, is made. To know if a man has stricture, we must first know what the natural distensile power of his urethra is, and to ascertain this, Dr. Otis discarded any arbitrary standard, which, you know, is usually set at about No. 12 of the English scale, but measures each urethra before he proceeds to operate upon it. For this purpose he has invented a most ingenious instrument which he calls the "urethrometer." It consists of a slender cannula marked in inches, at the end of which a set of steel springs can be expanded into a bulb by advancing a stem within the cannula. This movement is obtained by turning a screw at the handle, and the amount of expansion is recorded by an index on a dial-plate. When screwed close the instrument is not larger than a No. 6 English sound—that is, a circumference of less than half an inch. It can be expanded to a maximum circumference of an inch and three-quarters—two and a half times the seven-tenths of an inch which your anatomical guides tell you is the circumference of the widest part of the spongy portion. To measure the urethra the expanding sound, covered by a thin india-rubber sheath (c, Fig. 1), is introduced in its contracted form as far as the bulb, between five and six inches. It is then screwed up until the patient announces he has a sense of fulness, but not so tightly that the instrument cannot be moved without being grasped by the passage. This gives the size of the canal at the bulbous part. The urethrometer is gently withdrawn, the expanding part being enlarged or diminished as tight places or slack ones are passed, and the several dimensions are noted by observing the index, and the distance of the expanding part from the meatus. Any diminution from the widest measurement Dr. Otis holds to be a stricture and abnormal. For the further examination of these contracted areas, Dr. Otis employs a series of bulbous sounds ranging from about No. 4 English catheter to one much greater than any size in our scale. But before describing them I must remind you that Dr. Otis, like nearly all who work at urethral affections, has discarded the English scale, one entirely arbitrary, ascending from the smaller to the higher numbers by wide grades of unequal length. He chooses the French scale, which is perfectly scientific. It takes the millimetre for its unit, and the number of the instrument denotes its circumference in millimetres. Thus No. 1 French is one millimetre in circumference; No. 20, twenty millimetres; and so on. Compared with these, No. 1 English is equal to No. 3 French, and No. 11 English to No. 20 French. Here is a gauge

FIG. 1.



Otis's Urethrometer.

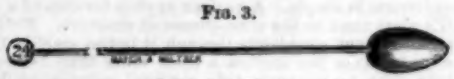
FIG. 2.



The Catheter-gauge.

Mayer and Meltzer have made for me, with forty sizes cut in the plate. The plate is marked on one side with the French numerals, and also graduated with a decimetre divided into centimetres and millimetres. On the other side, the English numerals are marked opposite their respective sizes, and there is also a scale of six inches, divided into sixteenths of an inch. Thus, the catheter-gauge forms a ready means for comparing French with English measures. Dr. Otis's series of bulbous sounds are spread out before you. They have a slender stem of about four millimetres screwed into the wider end of a bulb or bullet. The best shape for

FIG. 3.



The Bulbous Sound.

the bulb is that of a turkey's egg, which you know is a little more pointed at the small end than the egg of a common hen. The bulbs range in size from No. 8 to No. 40. Their number corresponds to the big end.

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With these instruments Dr. Otis has measured over 500 urethræ, from which he tells us that the expanding capacity of the urethra bears a constant ratio to the circumference of the penis below the glans. Hence if you measure the outside of the penis you can foretell the size of the urethra. Further, that the average size is between thirty-one and thirty-two millimetres, or an inch and a quarter—that is, more than half as large again as the measurement hitherto accepted. From these observations also Dr. Otis finds that the meatus, when not congenitally narrowed or contracted by balanitis in boyhood, a frequent occurrence, is as wide as the rest of the urethra. I have not measured a number of urethræ approaching to 500, but I will give you the results of my measurements so far as they go. Since last spring I have measured ninety-five urethræ (all of them in subjects of urinary disease by the way), and in only three did I find the meatus as wide as the rest of the canal. One of the three exceptions was that of a man who never had gonorrhœa, but an exceedingly narrow traumatic stricture of the bulbo-membranous part. In him No. 32 sound slid easily down to the stricture by its own weight. This would show that the meatus may be either normally narrower than the rest of the canal, or that morbid contraction is exceedingly common. Be that is it may, practically we have generally to deal with a narrow meatus, the average size being twenty-two millimetres. The measurement of these ninety-five urethræ has satisfied me that we have underestimated the size of the urethra, and that Dr. Otis is correct in claiming larger calibres for that canal. But I have not found the bore, so to speak—the capacity for distension, in more accurate diction,—to be uniform from the bulb to the meatus. At the bulbous part the urethra is widest, and remains of even width for about two inches. It then narrows gradually, and for the rest of the passage is about three millimetres less, being most narrow at the outlet. This is, as you well know, in agreement with the description of anatomists, only that the distensile capacity of the urethræ measured in the living body was greater than the limits they set down. Thus the spongy urethra is conical in shape, resembling the tapering nozzle of a syringe. Whether this be a provision of nature to make the escaping stream more forcible I know not, but you will recollect that the special *raison d'être* of this part of the urethra is to conduct, not the urine, but the semen. Of this I am persuaded, that the less calibre of the urethra at this point is natural, and not the result of chronic inflammation, so long as it is gradual and not abrupt. Morbid narrowings are easily perceived by the sudden way in which they obstruct the bullet, and by the suddenness with which it is released when they are passed.

Next, with regard to the invariable presence of a non-dilatable area of the urethra, a band of contracting fibres—that is, a stricture of more or less development, in every case of gleet. I repeat that I still think that stricture in any shape is not the sole cause of gleet, though doubtless this is the most frequent condition in such cases.

With respect to stricture being most frequent in the first inch and a quarter of the urethra, out of 258 strictures, Dr. Otis found 115 within that distance of the meatus, and the remainder in decreasing frequency in each succeeding inch. This you know, is contrary to the received doctrine, which places stricture most frequently at the bulbo-membranous part. My experience does not support Dr. Otis's statement. In 1870 I recorded 63 strictures, examined with bulbous sounds, at the Male Lock Hospital in 1869, when I found them 43 times between four inches and a half and six inches—a position, allowing for variation in length of the passages in different persons, almost the same in all.

Next, having ascertained the presence of some unnatural narrowing of the spongy urethra, does internal division cure it, and prevent its return or further development, and consequently cure the gleet? If we adopt Dr. Otis's teaching, our course is simple. A patient applies for cure of a gleet. His gleet must be the consequence of stricture. Find that stricture; cut completely through it to the erectile tissue, so as to make the urethra a little wider than before, and take care to maintain this artificial patency while the incision is healing: the cure is then complete and permanent. This is the result of operating in a large number of cases, a report of which has been published in several forms. In 100 published cases, 31 patients were found without recontraction when examined at a considerable period after operation; 52 others were not examined, but reported themselves well; the remaining 17 were not quite cured, though relieved. Such evidence induced me to give a trial to this method. I may state that all the cases operated on here were those of long-standing gleets with contraction in one or more parts of the spongy urethra, and had undergone multifarious treatment. The number of patients is sixteen: fifteen of my own and one of Dr. Otis's—the case on which he operated in our theatre on the 6th of July last. In five cases the gleet stopped after the operation, and the patient was at the last report—taken in none less than three weeks, in most some months, after the operation—able to pass a bougie of the estimated size of the urethra. In short, they may be claimed as cures. But of these five the operation was serious to two; one had free bleeding for three days, the other three attacks of rigors. Of the remaining eleven, among whom Dr. Otis's own operation must be included, the gleet persisted in all; in several the urethra shrank again to its size before the operation, and in some very serious complications ensued. In four bleeding lasted several days, and in one was even alarming. Three patients had rigors; in two the shivering was unimportant, being that which follows the first transit of urine along the incised urethra in certain individuals, but is not repeated or attended by further consequences. In the third patient the rigors preceded abscess in the buttock. One patient had orchitis. Thus in seven the operation might fairly be termed a trifle, causing no pain or any after-fever; but in five only was the operation successful. It may be contended that want of practice on my part, or imperfect performance of the operation, were the causes of this small success. But I am protected against this danger by having had the benefit of Dr. Otis's personal instructions, and by the fact that one of the least successful cases was that in which Dr. Otis operated himself. The man was in sound health with the exception of his gleet and contraction of the urethra at two and a half inches from the orifice. He made light of the operation, submitting most patiently to the somewhat prolonged manipulations; being animated by the patriotic resolve, as he afterwards told us, that "No Yankee should make *him* flinch." The patient bled copiously after the operation; the hæmorrhage not stopping altogether for six days. No other complication ensued, the man was able to get up as soon as the bleeding had stopped, and would have left the hospital at once if permitted. However, though he remained some weeks longer with us, and afterwards attended assiduously for the regular passage of the sound, his gleet persisted till Christmas, and was at last cured by other means. There still remains a scar or induration in the erectile tissue, which gives a crook to the organ during erection. Whether the division of the contracting band caused permanent absorption thereof in any of these patients I do not know, but have very little expectation that it did so. Certainly it failed of this effect in almost all.

When telling you, as those who frequent my wards already know, that I have abandoned this operation for curing gleets accompanying slight contraction of the urethra, I should not omit to tell you that in one point I have varied from Dr. Otis's operation. His urethrotome, which I hold in my hand, is used as follows:—The instrument is passed along the urethra until the end *is* well beyond the stricture. The instrument is then dilated until it stretches the urethra to its full capacity, or, to make sure, to one or two millimetres beyond that capacity. Next a small cutting edge, previously concealed, at the end of the dilating part, is drawn along the tightly-stretched tissue to the meatus. This long furrow is made in the mesial line in the roof of the urethra. Disliking this long cut, which divides uncontracted parts, as well as the strictured parts, I have employed, except in one case, a stricture incisor, which, while it stretches the urethra to the size previously determined, cuts only where it is strictured. Its mode of action I shall explain when speaking of the division of narrow strictures. As the contracted areas are as freely divided by this plan of cutting, I cannot fairly charge it with the numerous failures that have attended Otis's plan of treating wide strictures.

The plan of treating these affections to which I have returned is that which I adopted before—namely, the repeated passage of bougies, large enough to distend the stricture, but not large enough to be tightly grasped. The size of the bougie is increased at each visit—that is, about

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twice a week,—to keep pace with the increasing expansion of the urethra until the capacity of the uncontracted parts is reached, when the same size is continued by the patient himself for several weeks longer. When the meatus is greatly smaller than the rest of the passage, I cut it either by Otis's meatome, this straight probe-pointed bistoury, or by a bistouri caché, to which Coxeter has added a second shield, which can be separated from the first by a screw-pin, and so make the fibres tight before they are divided. The incision is made in the floor, and must be pretty complete, as the little ring of fibres is very tough, and often needs two or three applications of the knife to divide it fairly.

But do not misunderstand me. I do not mean that every gleet requires instrumentation forthwith as a matter of course; on the contrary, avoid the use of instruments whenever you have satisfactory evidence that the discharge is not of long standing. The exact length of time that indicates stricture is uncertain, for the inflammatory induration constituting stricture is formed very slowly in some persons, but comparatively fast in others. As a general rule, don't search the canal when the discharge has lasted only six months or less. Be sure, however, that the whole duration of the discharge is really contained in six months, and that there have not been previously periods of clap or gleet to which the present discharge is only a successor. Several relapses of gleet are very strong evidence of stricture. Bear constantly in mind that the introduction of an instrument of any kind into the urethra is an evil, and though in time the canal gets accustomed to the foreign body, this, like many other faculties, is not acquired without discomfort or pain. Resort to instrumentation only when you are satisfied there is legitimate cause for it. Nevertheless, when you do employ instruments to search for stricture, use such as are adapted to the end in view; and at our next meeting I will explain to you why I prefer bulbous sounds and bougies to those of equal thickness throughout.

HOW TO CURE A COLD IN THE HEAD.

BY DAVID FERRIER, M.D.,
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THOUGH a cold in the head gives rise to much discomfort and uneasiness, it is not usually considered grave enough to necessitate professional advice; and the unfortunate victim of nasal catarrh, with watery eyes, running nostrils, sneezing, and nasal speech, is more often regarded as a subject of ridicule rather than of sympathy or commiseration.

Being occasionally liable to severe nasal catarrh, often of prolonged duration, and having a lively sense of the inconvenience and discomfort attaching to it, and being threatened with a cold in the head one evening lately, with prospect of serious inconvenience to public speaking next day, I endeavoured to devise some plan of treatment more speedy and efficacious than the usual one of "sudorifics and lying in bed." Having succeeded almost beyond my expectations, and having since found the method equally successful in the case of others to whom I have recommended the treatment, I offer it in the hope that it may prove equally efficacious in the hands of others. As the local symptoms of cold in the head are the chief source of annoyance and discomfort, local treatment seems the most rational.

The symptoms being those of acute catarrh of the nasal mucous membrane, the treatment which seemed to me most likely to succeed was that which I have always found most efficacious in acute catarrh of the gastric mucous membranes. In the acute catarrh of alcoholism accompanied with profuse secretion of mucus, which is often vomited up in large quantities almost without effort, as well as in the more chronic forms of gastric catarrh, bismuth alone, or in combination with morphia, acts almost like a specific.

On the same principle the topical application of bismuth to the nasal mucous membrane seemed to me the plan most likely to be followed by beneficial results. I do not know whether the plan is absolutely original, but I am not aware of its having been adopted previously. This, however, is of no importance compared with the question of its efficacy.

On the evening in question I began to suffer with the symptoms of cold in the head—irritation of the nostrils, sneezing, watering of the eyes, and commencing flow of the mucous secretion. Having some trisnitrate of bismuth at hand, I took repeated pinches of it in the form of snuff, inhaling it strongly, so as to carry it well into the interior of the nostrils. In a short time the tickling in the nostrils and sneezing ceased, and next morning all traces of coryza had completely disappeared.

Bismuth alone, therefore, proved quite successful, but it is better in combination with the ingredients in the following formula. Bismuth by itself is rather heavy, and not easily inhaled, and it is, moreover, necessary that it should form a coating on the mucous membrane. It is, therefore, advisable to combine it with pulv. acaciæ, which renders the bulk larger and the powder more easily inhaled, while the secretion of the nostrils causes the formation of an adherent mucilaginous coating, of itself a great sedative of an irritated surface. The sedative effect is greatly strengthened by the addition of a small quantity of hydrochlorate of morphia, which speedily allays the feeling of irritation and aids in putting a stop to the reflex secretion of tears.

The formula which I find on the whole the most suitable combination of the ingredients of the snuff is as follows:—Hydrochlorate of morphia, two grains; acacia powder, two drachms; trisnitrate of bismuth, six drachms. As this is neither an errhine nor a sternutatory, but rather the opposite, it may be termed an anti-errhine or anti-sternutatory powder. Of this powder one-quarter to one-half may be taken as snuff in the course of the twenty-four hours. The inhalations ought to be commenced as soon as the symptoms of coryza begin to show themselves, and should be used frequently at first, so as to keep the interior of the nostrils constantly well coated. Each time the nostrils are cleared another pinch should be taken. It may be taken in the ordinary manner from between the thumb and forefinger, but a much more efficacious and less wasteful method is to use a small gutter of paper, or a "snuff-spoon," placing it just within the nostril and sniffing up forcibly so as to carry it well within. Some of the snuff usually finds its way into the pharynx, and acts as a good topical application there, should there be also pharyngeal catarrh. The powder causes scarcely any perceptible sensation. A slight smarting may occur if the mucous membrane is much irritated and inflamed, but it rapidly disappears. After a few sniffs of the powder, a perceptible amelioration of the symptoms ensues, and in the course of a few hours, the powder being inhaled from time to time, all the symptoms may have entirely disappeared.

I am writing this note cured of a cold in the head which I began to manifest in a very decided manner last night—viz., weight in the frontal sinuses, tickling of the nostrils, sneezing, watering of the eyes, and commencing flow of the nasal mucus.

I commenced taking the snuff, continuing at intervals for about two hours, thoroughly coating the interior of the nostrils with it. Next morning I found myself entirely free from catarrh. The effects in my own case have been twice so rapid and beneficial that I look with comparative indifference on future colds. In the case of others to whom I have recommended the same treatment equally rapid and beneficial results have followed. One of my students in King's College Hospital described the effects as quite magical and unexpected, having in this way got rid of a cold in one evening. The other day one of the officials in King's College asked me if I could do anything to check a dreadful cold in the head which he had just caught. I gave him the above prescription, asking him to note the results. A day or two after he came and told me that I had given him very marvellous snuff, as he had not taken more than one-eighth part before he had got rid of all his uneasiness and discomfort. Though I have not yet had very many opportunities of trying this method of cure, the success so far has been such as to warrant my recommending it as a rapid and efficacious treatment of nasal catarrh.

Upper Berkeley-street.

COPY AVAILABLE

ON CONJUNCTIVAL TRANSPLANTATION FROM THE RABBIT TO THE HUMAN SUBJECT.*

BY J. R. WOLFE, M.D., F.R.C.S.E.,
SURGEON TO THE GLASGOW OPHTHALMIC INSTITUTION, AND LECTURER ON OPHTHALMIC MEDICINE AND SURGERY IN ANDERSON'S UNIVERSITY.

WHEN the conjunctiva of the eyeball and the corresponding palpebral conjunctiva are destroyed by a burn with hot metal, gunpowder explosion, quicklime, or the like, there results adhesion of the eyelid to the eyeball or cornea, with immobility of the eyeball, &c., called symblepharon. Numerous are the expedients which have been resorted to for the cure of this affection; they have all for their object the mechanical separation of the lid and eyeball until the new surfaces cicatrise. Some surgeons try to effect this by simply dissecting the adherent lid and then tearing up the wound daily for a certain period until it no longer unites. Others, again, try to keep the surfaces separate by interposing foreign bodies, such as sealing-wax, glass shields, &c.; but we always find that nature frustrates our attempt to remedy the deformity by such expedients, for they are based on the supposition that a delicate physiological action can be replaced by a coarse mechanical contrivance. Nature which supplies the organism with lymph, synovia, mucin, and tears for smoothing the various membranes, abhors every motion upon rusty hinges or friction of surfaces, and therefore, whenever such surfaces rub upon each other, they ultimately adhere together.

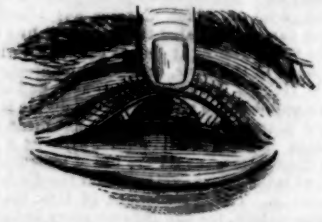
For a number of years I have practised an operation for the radical cure of symblepharon, by taking a portion of the neighbouring healthy conjunctiva of the eyeball wherever I can get it, and supplying the palpebral conjunctiva which has been destroyed; for the loss of conjunctiva oculi, even to a very large extent, is generally regenerated without prejudice to the neighbouring tissue, whilst loss of the conjunctiva of the eyelid is sure to damage the cornea by friction. Mr. Teale had first introduced this operation, which I practised independently with considerable modifications.

But there is a limit to the extent to which we may go in borrowing conjunctival substance from an eye which has been already injured; if we surpass that limit, the corneal opacity is sure to extend still further, and we lose the last chance of saving vision. Indeed, we sometimes meet with cases in which the infliction of a new wound (in peeling off conjunctiva) would amount to destruction of the eye. It is in these desperate, I would say, almost hopeless, cases that I have devised the method of making up the deficiency by transplanting a portion of the conjunctiva from the rabbit. This method has since been practised by von Wecker, Otto Becker, Albrech Graefe in cases of symblepharon; and Professor Cohn has shown a case in which he successfully transplanted the conjunctiva from the rabbit into the right eye of a boy five years old, for the cure of the deformity resulting from the removal of a large melanotic tumour of the eyeball.†

The method having thus had some years' trial by such competent authorities, I shall not enter here upon the theoretical vindication of the procedure, but merely show you two patients upon whom the operation has recently been performed, which will enable you to judge for yourselves of the utter hopelessness of any other method, and of the satisfactory result obtained by this.

CASE 1.—F. B——, aged nine, had his right eye burned with lime in January, 1875, producing adhesion of the lower eyelid to the eyeball to the extent of covering the greater portion of the cornea, the cornea being thus rendered almost entirely opaque, with the exception of the small upper and outer segment. Fig. 1 shows the condition of the eye before the operation. On lifting the upper eyelid the pupil was seen covered by the adherent lower eyelid, and there was no conjunctiva of the eyeball left available for supplying the deficiency. I therefore first turned the transparent portion of the cornea to account, by making an artificial pupil upwards and outwards, whereby I restored a considerable amount of sight. Having procured this advantage,

FIG. 1.



I operated ten days ago for the cure of the symblepharon, by transplantation from the rabbit. I would request the gentlemen present to take a careful view of this patient. You will see that some of the ligatures are still in the new conjunctiva from the rabbit, and on seizing the loose portion of this new membrane with the forceps, it will show you clearly, beyond any possibility of mistake, the vitality of

FIG. 2.

the transplanted portion; you will see that same membrane has some greyish points here and there, while the rest of its surface has assumed a shining pinkish appearance. You will see also the mobility of the eyeball, and the action of the eyelids restored. Fig. 2 represents the eye with the elevation of the upper and the depression of the lower eyelid.

CASE 2.—P. C——, aged twenty-five, quarryman, received an injury in his face and eyes from a gunpowder explosion in January, 1872. When he first came to the Glasgow Ophthalmic Institution, four months after the accident, his face was quite riddled and discoloured by powder; both upper and lower eyelids of the right eye were considerably everted, and the left eye was completely closed and blinded by symblepharon. I made an iridectomy upwards, which resulted in tolerably good sight when the upper eyelid was raised. On presenting himself in January, 1873, I remedied the symblepharon by transplantation from the rabbit.

FIG. 3.

In July, 1875, he came for the treatment of the everted eyelids of the right eye, when I found that a small bridge had formed in the new conjunctiva, which did not mar the result of the operation, this being, indeed, his best eye. However, I separated the bridge, and supplied a new conjunctival flap from the rabbit a fortnight ago.

The examination of this eye will greatly aid us in the appreciation of the method. The extent of the corneal

* Demonstration held at the annual meeting of the British Medical Association in Edinburgh, August, 1875.

† Berlin. Klinische Wochenschrift, 1875, No. 26.

opacity in this case will show the amount of the original injury, which time has considerably repaired. We can also compare here, in the same eye, both the old flap inserted about two years ago and the new small bridge supplied only a fortnight ago, and judge of the satisfactory result.

Now, gentlemen, I will proceed to give a detailed account of this operation.

I generally put both the patient and the rabbit under chloroform. I then separate the adhesions so that the eyeball can move in every direction. Next I mark the boundary of the portion of the conjunctiva of the rabbit which I wish to transplant by inserting four black silk ligatures, which I secure with a knot, leaving the needles attached; these black ligatures indicate also the epithelial surface, which would be very difficult to distinguish after separation. I take from the rabbit that portion of the conjunctiva which lines the inner angle, covering the membrana nictitans, and extending as far as the cornea. I select this on account of its vascularity and looseness. The ligatures being put on the stretch, I separate the conjunctiva to be removed with scissors, and I transfer it quickly to replace the lost conjunctiva palpebræ of the patient, securing it in its place by means of the same needles, and adding other two stitches, or more if requisite. Both eyes are then covered with a bandage and dry lint. For the first forty-eight hours the conjunctiva has a greyish look, but it gradually loses that appearance, and, with the exception of some isolated patches here and there, it becomes glistening, in some parts looking not unlike conjunctival thickening. These patches gradually decrease until the whole assumes a red appearance.

Should any irritation set in, I apply warm-water fomentations. With regard to chloroform, Professor Cohn operates on the rabbit without anæsthetics, and I should myself prefer to do so if I could manage satisfactorily, for rabbits do not stand long anæsthesia; but the struggles of the animal are a very great obstacle in the way of the careful dissection required. With regard to the patient, it must be borne in mind that it is a long and tedious operation, taking about three-quarters of an hour in its performance; and that under no circumstances is it safe to maintain insensibility throughout the whole process. In a grown-up intelligent person, therefore, I do it without chloroform; and in the case of the young boy above referred to, I put him under chloroform only during the first stage—namely, while separating and dissecting the adhesions,—and completed the rest by coaxing the patient into submission.

Accidents during the operation.—It is always desirable to have at least two rabbits at hand in case one should succumb under chloroform. I may mention also that in one of the operations, after putting the ligatures on the stretch and dissecting the portion of the conjunctiva which I marked out for removal, two of the ligatures with half of the conjunctiva tore away from the rest. To give up this eye and proceed to operate on the other eye of the animal would not have been advisable, on account of the time required to do so; I therefore determined to proceed with the operation in the following manner:—I spread out the portion of the conjunctiva thus removed upon the back of my left hand, and the needles and ligatures attached to it I held in the palm of the same hand, and proceeded to remove the rest of the conjunctiva from the rabbit, and, by means of the remaining two ligatures, I fixed this on the conjunctiva palpebræ. This accomplished, I turned to that portion of the conjunctiva spread out on my hand, which I found dry and firmly adherent to the hand; a few drops of warm water put upon it sufficed to soften it and make it relinquish its hold of the skin, and I then transferred it to its proper destination.

Von Wecker puts the conjunctiva upon a watch-glass, and warm water underneath; but I consider the process accompanied with many inconveniences, and I would never resort to it myself except in a case of emergency. I consider quick transplantation, without previous handling and preparing that delicate membrane, decidedly preferable.

The needles which I employ are half-curved No. 12, which Weiss makes for the purpose. Two small silver spatulæ are also requisite for spreading out the conjunctiva. There are various kinds of needle-holders, but I find my own fingers most suitable for the purpose.

In conclusion: although, as stated before, I have resorted to this method only in hopeless cases, when there was no disposable neighbouring conjunctiva of the burnt eye for supplying the deficiency, I found the result so highly satisfactory that under no circumstances would I think myself justified in removing healthy conjunctiva from an injured eye; but in all cases I would supply the deficiency from the conjunctiva of the rabbit, as being the safest and best method now at our disposal for the cure of such injuries.

Glasgow.

NOTE ON THE

SUBCUTANEOUS INJECTION OF QUININE.

BY SURGEON-MAJOR GEORGE YEATES HUNTER,
PRESIDENCY SURGEON, BOMBAY.

THE subcutaneous injection of quinine in malarious fevers has been frequently tested at home and abroad, the efficacy of the drug in controlling fever, and the saving effected in consequence of the smaller quantity required, being sufficiently important to fully justify the share of attention which the subject has received. When rapid action is called for, or when, from irritability of the stomach, idiosyncratic or symptomatic, quinine is not well borne, or again, when its exhibition *per viam naturalem* is resisted, the hypodermic injection of the drug may be advisable. Be this as it may, the method has been largely practised in India, and, judging from the favourable reports of various medical officers, has been attended with remarkable success.

I have often tried it in scattered cases, and not unfrequently been disappointed in its action, and embarrassed by its sequelæ in the shape of troublesome ulcers. However, thinking the latter might have been due to want of sufficient care, or to the employment of a solution too acrid for the purpose, and knowing that in some obstinate cases I had found fever which had baffled me when adopting the ordinary treatment, yield to this mode of administering the great specific remedy for malarious fever, I determined to give subcutaneous injection of quinine a fair trial in the Bombay House of Correction, using six minims for a dose of the following preparation:—Citric acid, three hundred grains; quinine, eighty grains; distilled water, one ounce. To be dissolved with the aid of heat (six minims of this solution being equal to one grain of quinine). I have given the details of the cases in the accompanying table.

I think it may be conceded that the fever yielded as soon as when treated per os, if not sooner, the table showing that in most cases the attack was arrested on the second day, and in no case later than the fourth, notwithstanding the irregular mode of treatment as to time &c. consequent on the patients being prisoners in a gaol.

Beyond all question there was a great saving in the quantity used, the cases being conducted to a satisfactory conclusion, so far as fever was concerned, with a very moderate expenditure of quinine, say three grains or so. On the double ground of checking the fever and economy in the consumption of the drug, this mode of treatment would seem to be superior to the old method, but, unfortunately, a drawback presents itself in inflammation at the point of insertion of the syringe. And, of the cases treated, two only escaped, all the rest having been more or less affected, some of the inflamed punctures assuming the form of inflamed vesicles, and others that of unhealthy ulcers, and in every case there was pain enough to disable the patient from working with that hand, the ulcers taking from six to seven days to heal.

The two who enjoyed immunity were healthy subjects of sound constitution, which would lead to the inference that the cases for this treatment ought to be selected.

I need scarcely say that most of the prisoners are men of dissipated habits—cachæmic, cachectic, and many completely broken down by a career of debauchery, a large proportion being opium-eaters or ganjah-smokers, or addicted to excessive use of country liquors—men constitutionally so unsound that the slightest abrasion may cause after-trouble.

I think I am justified in drawing the following conclusions from my experiments on this series of cases:—

1. However well adapted subcutaneous injection may be to selected cases—well fed and set up, and of naturally good

TABULAR STATEMENT OF ELEVEN CASES OF AGUE TREATED BY THE HYPODERMIC INJECTION OF QUININE.

Names.	Age.	Occupation.	Whether subject to Fever.	Kind of Fever.	Came under Treatment.	Discharged Cured.	Treatment and Remarks.
1. W. P——	22	Soldier.	Subject to several attacks yearly.	Ague daily at 3 P.M.	Nov. 9th, 1874.	Nov. 12th, 1874.	9th: Injected six minims.—10th: Slight ague; injected six minims.—11th: No ague; nil.—12th: Well; punctures healed.
2. Nowrajee B——	23	Cook.	Subject to occasional attacks.	Ague last night at 7 P.M.	„ 20th, „	„ 23rd, „	20th: Injected six minims.—21st: Ague slight; feverish all night; injected six minims.—22nd: No ague; injected six minims.—23rd: Well; punctures ulcerated.
3. Mahomed A——	36	Sailor.	At Persian Gulf. Occasional attacks.	Ague last night.	„ 20th, „	„ 23rd, „	20th: Injected six minims.—21st: Ague and fever all night; injected six minims.—22nd: No ague and fever; injected six minims.—23rd: Well; punctures healed.
4. Crushna R——	26	Weaver.	Very seldom.	Ague this morning at 9 o'clock.	„ 20th, „	„ 24th, „	20th: Injected six minims.—21st: Slight ague; injected six minims.—22nd: No ague; injected six minims.—23rd: Well; nil.—24th: Discharged; punctures inflamed and large scabs formed.
5. William R——	24	Soldier.	Seldom.	Ague yesterday at 7 A.M.	Dec. 23rd, „	Dec. 26th, „	23rd: Injected six minims.—24th: Slight ague; injected six minims.—25th: No ague; injected six minims.—26th: Well; punctures inflamed; large scabs formed.
6. Ebrahim A——	21	Labourer.	Subject to attack of ague in the cold weather.	Ague at 5 P.M. yesterday.	„ 28th, „	Jan. 2nd, 1875.	28th: Injected six minims.—29th: Slight ague; injected six minims.—30th: No ague; injected six minims.—1st: No ague; nil.—2nd: Well; punctures inflamed; ulcers formed. Size, 8-anna piece.
7. Luis Joseph S——	36	Cook.	Very seldom.	Ague at 6 A.M. yesterday.	„ 30th, „	„ 3rd, „	30th: Injected six minims; mild attack of ague at 4 P.M. yesterday; injected six minims.—1st: Slight ague at 4 P.M.; injected six minims.—2nd: No ague; injected six minims.—3rd: Well; punctures inflamed; ulcers formed.
8. Sullimon H——	25	Sailor.	Not subject to ague.	Ague at 2 P.M.	Jan. 10th, 1875.	„ 18th, „	10th: Injected six minims.—11th: Slight ague and fever; injected six minims.—12th: Ague; injected six minims.—13th: No ague; injected six minims.—14th: No ague; nil.—15th: No ague; nil.—16th: No ague; nil.—17th: No ague; nil.—18th: Well; punctures inflamed.
9. Balia B——	20	Weaver.	Not subject to fever and ague.	Ague at 9 A.M.	„ 12th, „	„ 19th, „	12th: Injected six minims.—13th: No ague; injected six minims.—14th: Well. Being weak, he was kept in hospital until the 19th. Punctures inflamed.
10. Ebrahim A——	20	Servant.	Not subject to ague.	Ague at 9 A.M.	„ 15th, „	„ 19th, „	15th: Injected six minims.—16th: Slight ague; injected six minims.—17th: No ague; injected six minims.—18th: No ague; nil.—19th: Well; punctures inflamed slightly.
11. Christopher W——	28	Soldier.	Had frequent attacks of ague.	Double ague at 12 A.M. and at 11 P.M.	„ 20th, „	—	20th: Injected six minims.—21st: Slight ague at 2 P.M.; injected six minims.—22nd: No ague; injected six minims.

constitution,—it is inadmissible in the unhealthy class who fill our gaols.

2. The method is not really economical, on account of the loss of labour and consequent diminished outturn.

3. Time is not gained, as, although the cure of fever was speedily effected, a week was lost subsequently if ulceration occurred.

4. The operation, slight though it be, is by no means painless, however carefully it be performed. And it is not unattended with risk. I have heard of one fatal case of tetanus which followed its use, and appeared to be caused by it.

It seems to me that I have advanced sufficient arguments to throw a doubt upon the advisability of hypodermic injection of quinine in the cases of convicts. Those who gain a livelihood by manual labour would find the sequel inconvenient should it occur, which, however, is less likely than in the case of broken-down prisoners; and in the army, where its value has been tested on a large scale, it has been found that men have been kept from drill on account of the subsequent suffering, even if the inflammation set up around the puncture did not run into ulceration.

While the result of my experiment would not invalidate the argument in favour of hypodermic injection in suitable subjects, still it would seem to establish the advisability of carefully selecting the cases. I certainly would not venture to adopt it in civilised private practice, although it might be expedient in the cases of villagers down by the dozen with fever, which holds good in some malarious hotbeds up country in India, more especially in severe and intractable forms of fever, when rapidity of action might save life, and when economy in expenditure becomes an object on account of the number treated.

Surely it is rather a barbarous procedure to perform a surgical operation, however slight it may apparently seem, to attain a medical object, when such object is attainable by other means.

My impression is that when the orthodox channel is closed in consequence of the intolerance of the stomach, or otherwise, and when the weakly state of the patient renders it not unlikely that the subcutaneous tissue may resent this short cut into the system at its expense, the wiser plan would be to exhibit the drug per anum; but the circuitous route per os, when practicable, is incomparably better and safer, and quicker too, should the short cut have the penalty of ulceration attached to it.

On the recommendation of an officer of the Sir Jamsetjee Jeejeebhoy Hospital, I have since tried the solution of the neutral sulphate with great success, so far as checking the fever was concerned, and with certainly less trouble from sequelæ; yet, although more cases escaped ulceration, whilst I write the worst case I have seen is under treatment, and which followed the use of the neutral solution two months ago. So, although it is a better preparation than the other, barring the crystallisation of the salt and necessity of using hot water to obviate the clogging of the syringe, which, moreover, requires constant washing and oiling, and quickly wears out, still I am not prepared to say that even this solution should be of general application.

Bombay.

NOTES ON ASYLUMS FOR THE INSANE IN AMERICA.

BY JOHN CHARLES BUCKNILL, M.D., F.R.S.

(*Continued from p. 487.*)

HAVING been compelled by failing health, in the spring of last year, to rest from official work, and being recommended by medical advisers to seek change of air and scene with as little fatigue as possible, and to prefer travelling by water, I formed the design of sailing to the United States, going up the Hudson to the great lakes and returning by the St. Lawrence. This design I carried out, with only such deviations as the frank and generous friendliness which I met with from my professional brethren in the States, and their great desire to show me their institutions, rendered me unable to avoid. I had not intended to make anything like a tour for the inspection of American asylums, but it will be readily understood that the above-named influence, united to the deep interest which a man must ever take in a matter which has been to him the subject of life-long study, led me to visit and narrowly to observe the management of many of these institutions and the treatment of their inmates; so that I find I visited altogether thirteen lunatic asylums (ten being in the United States and three in Lower Canada), and two schools for idiot children, besides six institutions for habitual drunkards, on which my remarks must be reserved for a future occasion.

Of the asylums which I visited in the States two were State asylums, corresponding to our county lunatic asylums; four were asylums supported out of the municipal funds of large cities, corresponding to our borough asylums; three were hospitals for the insane, closely corresponding with institutions of the same name in our own country supported by private benefactions and payments made on behalf of patients, and under the control of boards of managers elected by benefactors; and one was the Criminal Lunatic Asylum for the State of New York. I did not in the States visit any private asylums corresponding to our licensed houses for the insane, and I was informed that the system of private asylums was developed only to a small extent in that country, and that probably there were not more than some 150 lunatics in the whole of the States confined in houses of that type. I was kindly invited by the proprietor, Dr. Barstow, to visit a private asylum in the neighbourhood of New York, which was said to be a very good one, but I was unable to make the effort. All three of the asylums which I visited in Lower Canada were, strictly speaking, private asylums; that is to say, they were proprietary institutions, although two of them were occupied almost entirely by poor lunatics supported by the public funds of the province. The only private asylum, really so in form and substance, which I visited I found by accident, as it were, forming one part of an inebriate institution near Quebec.

I shall commence with the class of asylums, and, indeed, with the particular institution, of which I saw most—viz., the Pennsylvania Hospital for the Insane, on the outskirts of Philadelphia; which seems, in its constitution, management, and objects, closely to resemble the Friends' Retreat at York. Indeed, it has a yet more striking resemblance, from its intimate connexion with the Society of Friends. I resided six days in the house of Dr. Thomas Kirkbride, the medical superintendent, and enjoyed the largest opportunities of observing the management of the institution. Of course Dr. Kirkbride is a Friend, though I did not know it until he told me; but when he took me to the annual meeting of the governors, which was held in the library of the hospital founded by William Penn, I saw some of the brown square-cut coats and broad-brimmed hats which there still form the distinctive costume of this simple, sensible, and humane sect.

The Pennsylvania Hospital for the Insane is situated about two miles from Philadelphia, and occupies a very fine, extensive, and valuable site. The buildings for the men are nearly half a mile from those of the women, and are separated from them by a broad and deep vale with a meadow in it, which is rented by some outside dairyman, and forms a sort of no-man's-land to partition off the two sexes. The buildings are architecturally unpretentious, but internally they are exceedingly well-arranged and commodious. I cannot say that I saw anything remarkable in the treatment of the inmates, or anything which our Commissioners in Lunacy would have been surprised to find in the management of one of our best English hospitals for the insane. I observed a daily persistent effort to interest and amuse the inmates, a *réunion* every evening for readings or calisthenic dances, or oxyhydrogen transparencies, or something of that kind, an abundant supply of carriages for driving mostly within the large grounds, and a general system of watchful care and kindness which I am fain to believe is the rule in our own institutions of this class. A matter which was remarkable to me was to find, in conversation with my most kind-hearted and enlightened friend Dr. Kirkbride, that he was not a non-restraint man. In common with the great majority of his psychologist brethren in the States, perhaps it would be more correct to say with the whole of them, with very few exceptions, he had made up his mind that the total abolition of mechanical restraint was not advisable in the treatment of the insane. But in

the wards of his asylum—and I believe I saw every one of his patients—I did not observe any kind of mechanical restraint actually employed, and I did observe some cases of lunacy there, and one case in particular, in which I should have expected him to carry his theory into practice, if, indeed, it were not a mere theory. I observed a lady, recently admitted, who was suffering from the most acute and restless form of mania following childbirth, and presenting just a case for the imposition of a strait-waistcoat under the old system; but she was treated by Dr. Kirkbride just as our best men would treat her. She was placed in a low and narrow but comfortable bed, in an airy and cheerful room, a kindly and patient nurse was seated on each side of her, and she was kept in the recumbent position as much as possible, mostly by persuasion and a little by gentle force; and herein she was submitted to active, anxious, and skilful medical treatment. And if I saw no cases of mechanical restraint in this asylum, neither did I see any of seclusion. If I may without irreverence make a scriptural allusion, I thought that my friend somewhat resembled that man who said he would not go into the vineyard, but went.

Another hospital for the insane which I visited, and in which I spent a long day, and in which I again had the pleasure of meeting the Board of Management, was the Bloomingdale Asylum, within six miles of New York. It is under the careful and skilful superintendence of Dr. Browne, and my remarks, for the same cause, must be as meagre as those I have made on the Pennsylvania Hospital. I saw no restraint here also, and only one patient in seclusion—a case in which, to my mind, it was obviously needful. The situation of Bloomingdale is very beautiful, very near the top of the only hill in the immediate neighbourhood of New York. This city, which has such wonderful water privileges, and which on a map gives you the ideal of perfection of a maritime city, has the disadvantage that it possesses no near hills or coins of vantage from which you may look down upon its beauties. There are Bunker's Hill and the Dorchester Heights, from which you can see Boston city and harbour. You can survey Baltimore and Chesapeke Bay from the Washington Monument, and Washington from the Capitol; but there is no place but the Bloomingdale Hill from which you can look down upon the harbours and the grand river of New York, and any stranger not interested in the welfare of insane Americans might derive great pleasure on this account from a visit to Dr. Browne. If he were so interested he would also see a very well managed asylum, which it was to me very pleasant and satisfactory to inspect. I really forget the exact amount of the vast sum which I was told that Bloomingdale was worth from its proximity to the best end of this increasing city, but it was several hundred thousand pounds; I am afraid to say how many, lest my memory should be treacherous. However, it was something enormous, and there is no intention of selling it, and removing the institution further into the country. The proximity to the great city, for the advantage it offers to the friends of the patients and to other visitors to the institution, seems to be thought worth the sacrifice. As the asylum, in common with others of the same class in America, is financially prosperous, this opinion is probably right. Moreover, it may be good policy to keep an institution of this kind, which is to a great extent dependent upon the donations and bequests of wealthy citizens, within the range of constant public observation.

The McLean Hospital for the Insane at Boston possesses a site almost as valuable as that of Bloomingdale, but it is so near to the ever-growing city, and so cut up with railways either *in esse* or *in posse*, that it has to be sold, and the governors have already purchased an estate some twenty miles in the country, whereunto they intend shortly to remove their institution. The present asylum is an old country-house, bequeathed by the man whose name it bears, and, like many of the older buildings in the States, is constructed in great part of bricks which were made in the old country. It was opened in 1818, or two years before the Lincoln Asylum in England, and has always been conducted in what was thought at the time and place the least repressive manner possible. In 1839 the distinguished Dr. Bell reported: "It is the successful use of the means put into our hands by the extensive architectural arrangements here provided that has enabled us to dispense almost entirely with restraining measures, or even confinement, as evinced by the fact that our "lodge" or strong-rooms are not called into use more than three or four hours during the year; that not 1 per cent. of our whole number is on an average under any constraint." I was taken to the McLean Asylum by my friend Dr. Tyler, who was the resident superintendent of it for a great number of years, and who is now the consulting physician. I did not see all the patients, and therefore I shall abstain from observations on the custom of using restraint or not. One feature of construction which I first observed here, and which I think is objectionable is the plan of placing noisy and excitable patients in what are called "lodge-wards," apart from the main building. The number of patients whose noise is incessant and annoying is very small, even in a large asylum containing many hundreds of inmates. There might, perhaps, be some reason for providing a small ward out of ear-shot of other patients, since I have known the inmates of a large asylum made miserable by one howling lunatic; but it seems to me that excitable lunatics, being those who most need frequent medical observation, ought, in the arrangements of a hospital for the insane, to be brought as near to the medical staff as convenient architectural arrangements will permit.

Another feature of the McLean Hospital which I shall venture to criticise because the institution is about to be removed and rebuilt, are the separate buildings called pavilions, for wealthy and tranquil inmates. These are fine structures, with spacious, lofty rooms and corridors. Each one accommodates eight patients, four in the first and four on the second floor, and each patient has a sitting-room and a bed-room to himself, both of them large and lofty. It struck me, however, that these patients lived too much by themselves in their own rooms for their therapeutic welfare, and that smaller structures with smaller rooms, and with common rooms for meals and social intercourse, would have been better suited to promote the cheerfulness and happiness of the patients. With us a detached residence in connexion with a hospital for the insane is more like a private house in which one or more lunatics are placed to reside with suitable companions and servants, and for certain cases this is an excellent variation of plan. A separate ward with solitary chambers, however large and luxurious, is quite a different, and, I venture to think, an inferior arrangement.

Notwithstanding my criticisms on these points of structural arrangement, I was greatly pleased with my visit to the McLean Hospital, which is evidently under very careful and skilful management; and, on the whole, I may say that, avoiding the restraint question, so far as my observation goes, the management of the hospitals for the insane in the United States is most creditable, both to the liberality of the public and of those who are deputed by the public to manage them, and to the skill, humanity, and devotion of the medical officers upon whom the care and treatment of the insane inmates immediately devolve.

(To be continued.)

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

TREATMENT OF RHEUMATIC FEVER BY SALICYLIC ACID.

(Under the care of Dr. BROADBENT.)

FEW diseases have had brought against them a heavier armament of drugs than has acute rheumatism. It has been stormed by alkalies and salines, attacked by acids, assaulted by perchloride of iron and by quinine, surprised by propylamine and elaylchlorüre, drained by venæsection and purgatives, flooded alternately with hot and cold water, alarmed with blisters, blasted with hot air, lulled by opium, and appeased by chloral hydrate. In addition to these, it

has been constantly harassed by the raids of lesser foes, such as lemon-juice, citric acid, belladonna, and iodide of potassium. Now another apparently powerful enemy has appeared. Salicylic acid has been shown by Stricker to be able to prevail against some cases of acute rheumatism, and Dr. Broadbent's experience seems to confirm this character. The beneficial action of the drug in the following cases was constant and unequivocal. Whether the reputation of this remedy will prove more durable than that of its rivals remains to be seen. The drug is at least worthy of a careful and complete trial.

For the following notes we are indebted to Mr. Jackson Gawith and Mr. H. Sworder, house-surgeons.

CASE 1.—E. H——, aged thirty-one, domestic servant, was admitted Feb. 2nd, suffering from rheumatic fever. She was first taken ill on Jan. 28th. On admission, she had severe pain in the left ankle, the right knee (which was greatly swollen, tender, and contained fluid), and the right wrist and elbow. The heart's action was frequent, the sounds normal; temperature 103°; pulse 128. Salicylic acid was ordered to be given in doses of seven and a half grains every hour for six hours.—6.30 P.M.: After having taken four powders, the pain in the joints was not quite so bad; perspiration not increased; heart-sounds normal; pulse weak, 120; temperature 102·2°.—11.30: Seemed comfortable; had slept soundly for three hours. Tongue furred, but moist; temperature 101·2°; pulse 100.

Feb. 3rd.—Perspired freely during the night. Had not been sick. Pain in legs somewhat increased on movement; tongue clean; bowels opened; temperature 99·8°; pulse 96.

4th.—Better; legs not painful, but stiff on movement; temperature 99·2°; pulse 90; heart-sounds normal.

5th.—Patient had a very restless night, but the pain in the joints was much less, and there was less stiffness; temperature 98·8°; pulse 84.

6th.—The salicylic acid was ordered three times a day. Patient quite free from pain; joints of normal size, not tender or stiff. Heart-sounds normal, appetite improving. Temperature 98·4°; pulse 80°.

7th to 14th.—Convalescence satisfactory, and she was discharged on the 14th, feeling quite well and strong.

CASE 2.—L. W——, aged seventeen, a valet, was taken ill on Feb. 19th, remaining in bed next day on account of pain in his legs and swelling in his right knee. On admission on the 23rd the symptoms of acute rheumatism were well marked. The legs were drawn up and very painful. Temperature 103°; pulse frequent, artery large, full between beats; a grave soft systolic murmur heard at apex of heart. Fifteen grains of salicylic acid ordered every hour for six hours. The first powder was taken at 6 P.M., the temperature at 5.35 being 102·6°; pulse 120°.—8.35: Temperature 102·4°; pulse 114.—10.30: Temperature 100°; pulse 110. By this time he was quite free from pain.

Feb. 24th.—Patient slept soundly and perspired very freely during the night. There was a little pain again in the right leg; bowels not open; tongue furred. Temperature 100°; pulse 108. At about 4 o'clock in the afternoon the powders were repeated for four doses. At 7 o'clock the temperature was 100·2°; pulse 110. At 10 o'clock the temperature was 99°; pulse 80°.

25th.—Patient passed a good night. Did not perspire much. Quite free from pain; bowels open. Still a slight murmur heard at apex. On being removed to the convalescent ward he left the chair in which he was being wheeled and ran to his bed. Appetite improving. Temperature 98·4°; pulse 84. Convalescence good.

CASE 3.—E. L——, aged twenty-five, servant, had had two previous attacks of rheumatic fever. Ten days before admission she took cold. Her throat became sore, and she took to her bed on February 9th, and on the 13th she was attacked with severe pains in the arms and legs, accompanied by extreme tenderness; the knee-joints also became swollen and red, while the tongue was thickly furred and dry, and the bowels constipated.

On admission, on the 15th, all the above symptoms were well-marked. Temperature 101·6°; pulse 104.—At 10 P.M., temperature 102°; pulse 96. A Dover's powder and an alkaline mixture were given, and an alum gargle was used for the throat.

Feb. 16th.—Patient did not sleep well, but perspired freely during the night; both legs and the left arm (especially at the wrist) painful, tender, and swollen; throat not so sore. Temperature 100·7°; pulse 100.—1.45 P.M.: Salicylic acid ordered in twenty-grain doses every hour for six hours, and an alkaline spray to throat.—2.45: Temperature 101·6°; pulse 100.—4.40: Temperature 100°; pulse 92.—6.20: Temperature 100°; pulse 90.—7.40: Temperature 100·2°; pulse 96.—10.30: Patient in very little pain; throat easier since the use of spray. Inclined to sleep.

17th.—Patient slept well and perspired freely in the night; pain had left all parts except the wrist, but the limbs still felt stiff. Temperature 100°; pulse 96.

18th.—Throat quite well; tongue cleaning; patient stated that she has no pain whatever; had a good night's sleep; bowels not open. Temperature 99·4°; pulse 88.

19th.—Patient slept well; no pain or stiffness; less perspiration; appetite improving; urine normal, sp. gr. 1030. Castor oil ordered on account of the confined state of bowels. Temperature 99·2°; pulse 84.

22nd.—Patient has continued free from pain since the 19th, but the temperature was not quite normal until this morning. Temperature 98·4°; pulse 80.

23rd.—Patient not quite so well; complained of a severe headache, and also of feeling sick. Bowels constipated. Temperature 99·6°; pulse 100. Citrate of iron and quinine ordered to be given three times a day.

27th.—Some improvement till the afternoon of the 26th, when a decided relapse took place, with pain, swelling, and redness of wrist. Tongue thickly coated and dry. Temperature 101·4°; pulse 98. Salicylic acid was repeated in twenty-grain doses every hour for six hours.

28th.—Much better. Pain in wrist quite gone; perspired well after powders. Temperature 99·8°; pulse 90.

March 1st.—Patient not quite so well again. Complained of some pain in left wrist, which appeared somewhat swollen, and was painful to the touch. Temperature 99·8°; pulse 94. Appetite very poor. The salicylic acid was repeated in the evening in the same dose as before, but only for three hours. The patient slept well, and next morning she was quite free from pain. Bowels open; appetite not so good. Temperature 98·4°; pulse 84. Patient continued to improve, and left hospital quite well on the 10th.

CASE 4.—J. C——, aged nineteen, general servant, fell ill about a month before admission, with some pain in the shoulder and right elbow. When admitted on Feb. 28th she was suffering from well-marked symptoms of rheumatic fever. The right arm was painful, and the wrist greatly swollen, red, and very tender. There was also some tenderness in lower extremities. The tongue was dry and furred. Temperature 102·8°; pulse 108; respiration 28. A loud friction-sound, intensified by pressure of the stethoscope, was audible. Six powders of salicylic acid, twenty grains each, ordered to be taken, one every hour. After the first powder the pain became much easier, but the temperature remained the same.—9 P.M.: Temperature 102·8°; pulse 110.—10.30: Temperature 102·4°; pulse 108.—11.45: Temperature 101·8°; pulse 112.

Feb. 29th.—Had a good night; perspired freely; was in very little pain; appetite improving. Continue broth diet. 8 A.M.: Temperature 99·8°; pulse 96.—8 P.M.: Temperature 100·8°; pulse 104.—10 P.M.: Temperature 101·8°; pulse 108. Powders repeated for three hours.—11 P.M.: Temperature 100·2°; pulse 98.—12 10 A.M.: Temperature 98·6°; pulse 92.

March 1st.—Patient had slept soundly, and felt better; was in no pain, but there was some stiffness about the joints. Temperature 98·8°; pulse 96.—5 P.M.: A slight return of pain in wrist, so that the powders were repeated for four hours. Temperature 98·8°; pulse 84.

2nd.—Had a good night's rest, and was quite free from pain. There was a soft mitral systolic murmur heard at apex; skin moist; tongue clean; bowels open; appetite improving. Temperature 98·4°; pulse 68.

8th.—Convalescence went on well, patient feeling stronger daily. Was discharged a few days afterwards, temperature having been normal for over a week.

Remarks by Dr. BROADBENT.—The cases reported speak for themselves, but it may be stated that they were all well-marked examples of acute rheumatism, and that two of them were of more than average severity. The results of the treatment of rheumatic fever by salicylic acid in the practice of Stricker, of Berlin, were so remarkable that the earliest opportunity was taken of bringing the drug to the test of

experience. The mode of administration recommended by Stricker is that twenty to thirty grains be given every hour for six doses, but at the first trial at St. Mary's only seven grains and a half were given at each of the six hours, simply suspended in water. No bad effects being observed, the dose was increased. It was impossible not to be astonished with the effects, and notwithstanding the many disillusions experience in medicine brings, not a few of which have been furnished by acute rheumatism, I should not do justice to my conviction were I not to say that apparently we have in salicylic acid, as Dr. Maclagan has said in his communication, a remedy for rheumatic fever comparable to quinine as a remedy for ague. According to present experience rheumatic fever when treated by this drug is an affair of two or three days. The disease is common enough, and its usual course sufficiently well known, so that no long time will be required to establish some definite conclusion, and to bring out any possible injurious effects. The only complaint hitherto made of the acid is that it is hot and irritating to the throat; given in milk vomiting has been produced.

Careful examination of the effects on the pulse, temperature, urine, &c., will no doubt yield important information. Mr. Sworder, who has watched the cases very closely, states that the temperature invariably rises for a short time after the administration of the first dose, but the observations recorded in the careful notes taken at short intervals by him and Mr. Gawith show a gradual fall both of temperature and pulse rate. No sphygmograpic observations were made. Relief from pain was always quickly obtained, and, as a rule, the patients slept well, no opiate being required; as a rule, again, there was very free perspiration, but this of course is common in acute rheumatism.

ROYAL FREE HOSPITAL.

STONE IN THE BLADDER IN A YOUNG CHILD; LATERAL LITHOTOMY; RECOVERY.

(Under the care of Mr. WILLIAM ROSE.)

THERE has lately been a distinct revival of interest in the subject of stone in the bladder. The report of the series of cases from the Leicester Infirmary which we published three weeks ago, presented an interesting record as far as it went of two years' work at that hospital. It may be remembered that at Leicester the median operation was performed in every instance, with one death out of twenty operations. Such a statement could not, of course, be taken as of absolute value as regards the average mortality after the median operation, or as determining definitely the comparative merits of that procedure, inasmuch as thirteen of the cases were in children, in whom lithotomy is by no means a dangerous operation. As we understood the record referred to, Mr. Hunt wished, without prejudice, to place before the profession a brief record of the cases of lithotomy treated in the Leicester Infirmary during two years, and that he did satisfactorily. In this connexion the subjoined notes may be of interest:—

The patient in this instance was a healthy-looking, well-nourished little boy aged four years, who was admitted into the Royal Free Hospital on March 7th, 1876, suffering from the ordinary symptoms of stone in the bladder. As will be seen hereafter, the stone was unusually large, considering the age of the patient; so large, indeed, that Sir William Fergusson, who was present at the operation, expressed the opinion that he had rarely seen so big a stone in so young a subject.

On March 6th the boy had been taken to the out-patient department. Stone in the bladder was suspected, and a sound was passed at once into the bladder. The instrument struck a hard substance which emitted a clear sharp note. There was a small umbilical hernia, but no prolapse of the rectum, and the boy had been circumcised two months before on account of phimosis. The boy was admitted next day, and on March 15th, after a week's rest in bed to allay, as much as possible, the vesical irritation, Mr. Rose performed the usual operation of lateral lithotomy, the staff being held by Mr. Henry Smith. On introducing the forceps the stone was happily caught by its short axis with the first gush of urine and carefully extracted. The calculus, which was a flat ovoid, and a specimen of pure uric acid, weighed when dry 170 grains, and measured 1¼ in. by 1 in.; thickness, ½ in.

We are glad to learn that the patient has recovered without a bad symptom. On the second day the urine ceased to come by the wound, which had quite healed on the fourteenth day from the operation.

SUNDERLAND INFIRMARY.

CASE OF HYDATIDS OF THE LUNG AND GALL-BLADDER.

(Under the care of Dr. BOWMAN.)

THIS case is interesting in several particulars—first, as regards the size of the cyst in the interior of the gall-bladder; secondly, the state of the left lung, which pressure had rendered entirely useless, with so little constitutional disturbance; thirdly, as regards the danger in tapping the chest with the pneumatic aspirator; fourthly, the sudden termination of the case in a man, to all appearance, in good health.

Ed. R——, aged twenty-nine, labourer, was admitted on April 1st, 1874. There was nothing particular to notice in his family history, there being no reason to assign any heredity as a cause of patient's present illness.

For the last five or six years he had complained of shortness of breath upon exertion, and had had a winter cough. He had never been abroad, and had had up to the present attack very good health, with the exception above mentioned. Two years and a half before he first noticed a swelling about the size of half an orange just below the ribs on the right side, which caused pain whenever he felt out of health. This swelling, he stated, had gradually increased in size. About fourteen months ago he attended at the dispensary, and upon his second visit complained of pain in left side, shortness of breath, cough, and slight expectoration. At this time there was distinct pleuritic friction-sound heard over left lung, but accompanied with very slight dulness. The tumour over the seat of the liver was very distinctly felt, but there was no pain or tenderness. He was advised to become an in-patient of the infirmary, but from this time until admission was not again seen.

On admission, as he was seen in bed, he appeared to be in good health; tongue clean, pulse regular, temperature natural, appetite good, bowels regular. Upon examination, the left side of the chest was dull upon percussion, respiration almost absent, and voice-sounds nil. This side was slightly larger than the right, although he was right-handed. He complained of no pain, and only of shortness of breath upon exertion. There was present a tumour about the size of a child's head in the region of the gall-bladder, globular, fluctuating, painless, and elastic; there were no signs of jaundice, and never had been; he had never received any injury, and could assign no cause for the swelling. All the other organs appeared healthy. He was ordered medicine, but as he received no benefit and the tumour had increased in size, eight ounces of fluid were removed by the aspirator on April 19th. The fluid was of a clear colour, and under the microscope a number of hooklets were easily discovered.

April 22nd.—Slight pain after tapping, which soon disappeared. The tumour smaller than on 19th.

24th.—As the tumour in the abdomen still continued to diminish, it was considered desirable to tap the chest, which accordingly was done with the aspirator, and four ounces of fluid were withdrawn, when he complained of difficulty of breathing and great pain, but it passed off in a few seconds; but the next time the tap was turned, and before two ounces of fluid had been withdrawn, he was seized with intense pain and difficulty of breathing; the skin became blue; frothy fluid mixed with blood came from the mouth, and in two minutes he fell back dead. Artificial respiration and galvanism were used, but without any signs of returning animation.

Post-mortem examination.—With the exception of the left lung, the gall-bladder, and the surface of the peritoneum just over it, all the other organs of the body were healthy. Upon opening the chest the left side was nearly filled with fluid, and the heart was pushed over to the right side. Upon removing the fluid the cavity seemed to be empty, but after some difficulty the remains of the lung-tissue were removed, and it was then found that an hydatid cyst had evidently commenced to grow from the centre of the lung, as the

remains of the lung could be detected over the entire surface of the chest-wall, but adherent to it. The lung-tissue was flattened out to the thickness of from a quarter to half an inch all round the cyst, and the bronchi and everything had disappeared from the pressure of the hydatids, with the exception of the large bronchus and its primary division, which had at their termination the hydatid cyst and the remains of the lung-tissue. The heart was contracted, but contained a clot in the right side. Upon opening the abdomen there were adhesions over the seat of puncture, but they were easily broken down. Over the position of the gall-bladder was a tumour the size of a child's head. This was the gall-bladder itself, greatly increased in size, and containing in its interior a cyst which was in close contact with it, and inside this again a daughter cyst. The liver itself was of natural colour, and the capsule was easily removed.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

THE ordinary meeting of this Society was held on April 4th; the President, Geo. Pollock, Esq., in the chair. The first half of the evening was occupied by the usual exhibition of specimens, some of which were of interest, although they gave rise to no discussion. The remainder of the evening was occupied by the conclusion of the adjourned debate on syphilis, a few remarks from the President preceding the long and exhaustive "reply" of Mr. Hutchinson.

During the evening the following gentlemen were elected members of the Society:—Messrs. Sidney Bernays, R. Brudenell Carter, E. Carr Jackson, Reginald Maples, F. G. Marshall, and James Startin.

The report on the Committee of Morbid Growths upon Mr. Balding's specimen of Tumour of the Sciatic Nerve was presented. The committee (Messrs. Butlin and Godlee) reported the tumour to be composed of fibrous and mucous tissue.

Dr. THOROWGOOD exhibited a specimen of Perforating Ulcer of the Stomach, forwarded by Dr. Willis, of Sutton. It was obtained from a gardener, twenty years of age, who had for some time suffered from dyspeptic attacks and vomiting. He continued his work up to the night preceding his death, which occurred somewhat suddenly. There was found commencing peritonitis, as well as the gastric ulcer, which offered the usual characters.

Mr. KNOWSLEY THORNTON showed the contents of a Dermoid Ovarian Cyst, and related the following remarkable history. The patient, fifty-nine years of age, had suffered from a tumour diagnosed as ovarian in the year 1841, and had borne ten children since that date. In 1866 tapping was had recourse to, and eleven gallons of fluid removed, the operation not being completed owing to the blocking of the cannula. She was admitted into the Samaritan Free Hospital on Jan. 5th, under the care of Mr. Spencer Wells. By his direction Mr. Thornton proceeded to tap the tumour the same evening. Several pints were drawn off, when the cannula became blocked by what appeared to be small masses of fat, and the tumour itself became solid to the touch, a solidity which disappeared after the application of warmth, when the evacuation of the cyst was completed. The patient contracted bronchitis, and sank. Examination showed nearly the whole of the abdominal cavity to be occupied by an enormous dermoid cyst springing from the ovary, and extending to the ensiform cartilage, being adherent to the anterior abdominal wall and posterior wall of the bladder. The intestines were displaced upwards and backwards. The cyst contained several small masses similar to those which blocked the cannula on tapping; they were soluble in ether, and found to consist of epithelium in various degrees of degeneration, mingled with a few short, reddish hairs.

Mr. LENNOX BROWNE exhibited a specimen of Disease of the Larynx with Pressure on the Right Inferior Laryngeal Nerve, obtained from a girl fifteen years of age, who had been under the care of Dr. Gilbart Smith and himself since July, 1875. At that time she had been suffering from loss of voice and shortness of breath for three months. There was no dysphagia. Laryngoscopic examination revealed extensive ulceration of the right half of the larynx, great thickening of the mucous membrane, and some pedunculated outgrowths fringing the ulcer, which had eaten away the right vocal cord. She obtained considerable relief from treatment, but in about six months' time the dyspnœa returned, and swallowing was now painful. Examination now showed œdema of the glottis, and Dr. Smith and Mr. Browne agreed that tracheotomy was indicated. The patient, however, died quietly in her sleep, a few hours before the time arranged for the performance of the operation. On inspection, there was found widespread ulceration of the right half of larynx and of the base of epiglottis, with thickening and œdema of the mucous membrane. Some soft polypoid growths occurred on the epiglottis. The right lung was adherent at the apex, where some of the smaller bronchi were plugged; but no tubercle was met with in the lungs. A mass of enlarged glands invested the right bronchus and the recurrent nerve. There was atrophy of the right posterior crico-arytenoid muscle. Mr. Browne concluded by remarking that this could scarcely be considered a case of laryngeal phthisis, in view of the absence of any pulmonary tubercle. He was inclined to regard it as an example of scrofulous disease of the cartilages of the larynx and of the lymphatic glands, involving the inferior laryngeal nerve. In reply to Mr. Wagstaffe, he added that Dr. Smith had failed to find any tubercle in the ulcer on microscopical examination. He had never seen a case of laryngeal phthisis post mortem in which the pulmonary disease was not advanced. The specimen was referred to the Morbid Growths Committee.

Dr. GREEN exhibited, for Mr. STOCKS, of Manchester, a specimen of Occlusion of the Superior Vena Cava. The patient, a short, thickset man, forty-four years of age, had suffered from no disease except carbuncle. The capillaries of the face had been dilated all his life, and since boyhood he had been more or less livid. He came under Mr. Stocks' care in September, 1875, at which time the lividity was very marked, and the girth of the neck at its root was much increased, while the posterior triangular spaces were swollen, as from emphysema. The chest, above the level of the diaphragm, was covered by dilated capillaries; there was œdema of the integuments of thorax and abdomen, and later of the lower limbs. Death took place on Nov. 11th, being preceded by effusion into the right pleural cavity. The superior vena cava was found to be completely occluded, one inch and a half from its point of entrance into the auricle, and its walls greatly thickened. The occlusion appeared to be due to a tumour surrounding the base of the heart. The right pleural sac was full of fluid. Mr. Stocks remarked that the growth was probably of long duration, but not congenital; that the collateral circulation had largely compensated for the occlusion of the vein. The epigastric veins were not dilated, circulation being carried on probably through the phrenics. Dr. Green suggested that the growth should be referred to the Committee on Morbid Growths.

Dr. GREENFIELD brought forward an interesting example of Congenital Absence of the Inferior Vena Cava. It was, indeed, he remarked, an instance of persistence of the left vena cava superior and absence of the right, and he prefaced his description of the case by referring to the development of the great veins, as described by Mr. Marshall in the Philosophical Transactions for 1850. In fœtal life the right brachio-cephalic trunk passes into the auricle by the right duct of Cuvier, and the left by the left Cuvierian duct, which latter is represented in the adult by the "oblique vein" and vestigial fold, the terminal part of the duct remaining as the coronary sinus. Dr. Greenfield sent round diagrams, contrasting his specimen with that of Mr. Marshall, in which both brachio-cephalic trunks persisted. The specimen was removed from the body of a man who was admitted into St. Thomas's Hospital under the care of Dr. Stone, with bronchitis and emphysema. His lower extremities became anasarcous; puncture was adopted, and was followed by erysipelas and gangrene. The heart

weighed 22 oz., and the abnormality was not seen until after removal of the organs; so that Dr. Greenfield was unable to follow the exact mode in which the vena azygos and superior intercostal vein ended. The specimen showed union of the two brachio-cephalic trunks into one large vessel, which, passing in front of the aorta and pulmonary artery, opened into the coronary sinus, which was enormously enlarged. The body of the auricle was small in comparison with the greatly developed appendix. The greatly dilated orifice of the coronary sinus opened just below the inferior vena cava, and immediately above the orifice of the latter was a small opening, but no trace of a superior cava remained. Dr. Stone had subsequently informed him that from the symptoms and sphygmographic tracings he had suspected obstruction in the large veins. Dr. Greenfield thought this obstruction might have taken place either by the great enlargement of the heart or by the fact of the great vein having to pass round the back of the heart to its termination in the auricle. The case was extremely rare. He had been unable to find a precisely similar one on record, although instances of the existence of both brachio-cephalics have been recorded.

Dr. HILTON FAGGE related an interesting case of Thrombosis of the Superior Mesenteric Vein. The patient, who had been confined ten or twelve weeks before her death, had suffered from thrombosis of the left femoral vein, with white leg, from which she had completely recovered, when she was seized with most intense pain in the abdomen and collapse. Dr. Fagge saw the patient a few hours later, and found the pain still persisting, but with flaccid abdominal walls, and no tenderness or hardness anywhere. Death took place in about eleven hours from the onset of the symptoms, and examination showed the upper half of the small intestine to be of an uniform intensely reddish-purple colour, just as if it had been strangulated, except that the portion of bowel was not distended. Dr. Fagge's first impression was that this appearance might be due to embolism of the mesenteric artery from puerperal endocarditis, but the heart on being examined was found to be healthy. Moreover, a further inspection showed the portion of the mesenteric vein supplying the altered tract of bowel to be plugged by antemortem coagula, the artery being on the other hand free from obstruction. There was a sharp line of demarcation between the congested bowel and the neighbouring segments. The only case he had been able to find in which a similar condition of bowel had been noted was one recorded by Dr. Wilks, in which a cancerous tumour of the liver had invaded the portal vein, leading to thrombosis of that vessel. In this case death occurred with symptoms of collapse, unassociated with peritonitis or tympanitic distension.

—Dr. GODDHART said that last year he made a post-mortem examination upon a case of gall-stone in which death occurred suddenly. The mesentery was greatly congested and ecchymosed, and a gall-stone was found impacted in the common duct. Was death due to collapse during the passage of the calculus, or was it not rather due to stasis in the portal vein from pressure of the gall-stone?

THE DEBATE ON SYPHILIS.

The adjourned debate on Syphilis was then resumed.

The PRESIDENT said that before calling upon Mr. Hutchinson for his reply he should like to make a few observations. He confessed that he felt much more like a pupil under Mr. Hutchinson's direction, and had learnt much from his most able address, and, hoping to learn still more, he would like to address Mr. Hutchinson in the spirit of an inquirer. With regard to the question as to there being any facts which favour the belief that syphilis continues to be a blood disease after it has ceased to produce symmetrical symptoms, that debate had produced ample evidence that we are not agreed upon the point. In syphilis we have to deal, as Dr. Wilks said, with a disease *per se*. The specific fevers have each their stated course, uninfluenced by treatment, their series of phenomena terminating without leaving any sequelæ of a specific character, but leaving the patient frequently in a condition protecting him from a second attack; nor could it be transmitted to the offspring. But in syphilis we have a very small amount of poison followed by an eruption and certain definite sequelæ. He agreed with Dr. Wilks in thinking that the subdivisions of primary, secondary, and tertiary are of very slight import, serving simply to map out phases of the disease. The eruptions of the secondary stage are underlaid by the one general condition which prevails throughout the whole course of the disease. Mr. Hutchinson says that "it would be rash to assert that it is impossible for tertiary syphilis to prove contagious," but he evidently believes it is not so; and he (Mr. Pollock) would like to ask Mr. Hutchinson if he were satisfied that a healthy subject could not be infected from a tertiary sore. However, unless experiments on this point are largely carried out no accurate conclusion can be arrived at. Then as to the risk of hereditary transmission appearing to cease before the risk of contagion, he would ask for the grounds on which Mr. Hutchinson had arrived at this conclusion; and if he could tell when the tertiary condition ceases to be inoculable, and enables the father to beget a healthy child. There had been ample evidence in the course of the debate that the subject of tertiary syphilis can produce diseased offspring; and to this he would venture to add the following case:—A woman was admitted into St. George's Hospital, suffering from syphilitic disease of the larynx, which necessitated tracheotomy. The same night she was delivered of an apparently healthy child. The next day a solitary (unsymmetrical) rupial sore was detected on the left thigh. Here there was undisputed evidence of tertiary syphilis, and in three weeks' time the child presented signs of congenital taint. As a further illustration he would quote another case. A woman was admitted under his care with a hard smooth ulcer on the surface of the left breast. The base of the ulcer was very indurated. It increased in size, and was attended by a copper-coloured eruption. She had lost her own child, and had charge of another, which had been sent to her to be nursed. This child was covered by a secondary eruption, and had thus given rise to a chancre on the nipple of a healthy woman. If in the tertiary stage syphilis ceases to be a disease of the blood, and becomes localised in certain tissues, he would ask how is it that the tertiary affection gives rise to secondary symptoms in the offspring, which in its turn will produce a primary sore on a healthy woman? Speaking as a surgeon, he would like to know how it was that plastic operations undertaken on the subjects of tertiary syphilis failed from want of union? A medical gentleman who had suffered from acute syphilis and gonorrhœa, leading to perineal abscess and urinary fistula, came to him two or three years afterwards with tertiary affection of the nose and palate, and implored him to operate upon the fistula. This Mr. Pollock at first declined, but at last unwillingly consented to. The operation was followed by considerable hæmorrhage, and no attempt at repair. He would ask, then, if with tertiary syphilis anything like a Talicotian operation should ever be attempted, although the patient at the time might be presenting no symptoms of the disease with which he was infected. Such considerations seemed to him to militate against the view which would separate the secondary from the tertiary period. Is it not more important that the disease should be considered as a whole from beginning to end, altered by circumstances and mitigated by time, and perhaps influenced considerably by treatment, until the patient could be considered quite free from the disease? But not wholly free, for under adverse circumstances might not the disease again manifest itself, and at any period of life? Many years ago he was consulted by an officer between fifty and sixty years of age for some tertiary nodes, which had developed after an attack of bronchitis. These tertiary lesions, evoked by his deteriorated health, could only be referred to a period some forty years before, which had almost passed out of his memory, when he had contracted primary syphilis. Hence as long as tertiary symptoms manifest themselves the patient must be regarded as syphilitic, and his disease to require, as Sir James Paget says, "iodide of potassium for its passing cure and mercury for its ultimate relief." Passing now to the question of scrofula in relation to syphilis, he believed with Mr. Hutchinson that there was no satisfactory evidence in proof of these diseases being in any way related. But just as other circumstances modify the course of syphilis, so does scrofula. And this point of modifying circumstances was an important one; it included influences of climate, race, temperament, &c. Dr. Duka had told him that in India the syphilitic virus produces a far more obstinate disease than in Europe, and that in that country there was a far greater tendency for the primary

sore to run into phagedæna. Some of the worst cases that he himself had seen had been the result of disease contracted in China and India. He could not bring himself to agree with Sir James Paget with regard to the sequelæ of fevers. Such sequelæ were little more than accidental, and in no way specifically related to the fever itself. The sequelæ of typhoid fever were generally, he thought, of a pyæmic nature. He had seen them symmetrical, as well as non-symmetrical. These sequelæ resembled rather those met with in the puerperal condition, and in cases of abscess of the lung. When he was curator at St. George's Hospital he saw several cases of double phlebitis associated with pulmonary abscess. But the sequelæ of syphilis were syphilitic. He could not sit down without congratulating the Society upon the able paper read before it by Mr. Hutchinson, with its fine chain of philosophical thought, and also upon the debate which had followed that paper. A friend of his, writing to him upon the debate, said that it showed that surgeons as well as doctors differ. But if we do differ it is merely upon theoretical grounds, which, after all, are of but little importance; and we shall not differ as to the exposition of the pathology of syphilis, to which we are so much indebted, nor as to the treatment of the disease. Nor shall we differ in the belief that this discussion will strengthen the hands of those who are seeking for legislative powers to suppress the evils of syphilis. Mr. Pollock concluded by expressing the hope that the beacon-light raised by Mr. Hutchinson, of which Sir James Paget had spoken, might be held aloft to guide us through the troubled sea of the pathology of syphilis. He then called upon Mr. Hutchinson for his reply.

MR. HUTCHINSON'S REPLY.

Mr. PRESIDENT,—It will, Sir, I think, have been obvious to most that two principal ideas ran through the remarks which I had the honour of addressing to the Society in introducing this discussion. The first and most important was, that syphilis depends upon the introduction into the system of a living material which is capable of self-multiplication, which breeds in the blood and tissues, and which is destined to pass through various stages of development, and, finally, to die. My second idea was, that, in order to the correct clinical comprehension of all that follows on syphilitic poisoning, we must admit, in connexion with the phenomena which rank as its direct results, certain less closely associated peculiarities of inflammation and of cell-growth. In this way I tried to show that soft chancres might result from contagion with pus produced by syphilitic inflammation, but not actually containing the syphilitic sporules; that phagedæna, in like manner, might produce a contagious secretion, but not a syphilitic one, and that it might wholly escape the restraint of the specifics for syphilis, and that a gumma might grow long after the patient had ceased to possess either in his blood or tissues the living virus of his original malady. These various events were, I suggested, to be reckoned rather as adventitious to the syphilitic fever than as true parts of it; and to the later forms of gumma, &c., known as tertiary symptoms, I thought the name "sequelæ" the most appropriate, meaning by that term that they came after the true syphilis was over, just as we know that as a sequel to war may come a famine, though the war itself is ended. It will, I think, be readily granted that the correct appreciation of the relationship of the soft sore, of phagedæna and of tertiary symptoms to syphilis itself, is all-important as regards our insight into the kinship of the latter to other more short-lived exanthems. If the tertiary symptoms are not, in a strict sense, a part of syphilis, and if in reality the latter be usually over in a year or two from its outset, we are able at once to realise much more easily the kinship referred to.

Now, in looking back on the very important criticisms which have fallen from the various speakers who have so ably sustained the debate which ends to-night, I find, on the whole, a very considerable amount of concurrence in the views expressed; by no means, however, without some expressions of misgivings and dissent. By one or two it has been hinted that there is no proof of the existence of a germinal poison as the cause of syphilis; others have thought that the analogy with specific fevers has been pushed too far; that the stages of syphilis are so irregular that they can scarcely count as such at all, and that it is wiser to speak of the disease as one whole; whilst many have expressed doubts as to whether it be possible for any results to persist, unless the blood still continue tainted. To take the first of these objections, I have to reply to Mr. de Mério—who reminded me that the germ-poison of syphilis had never been put under the microscope,—that surely there are cases where deduction amounts almost to proof. With regret I admit that I have never seen with my outward eye the cryptogamic germ-poison of syphilis; but to my mind's eye it is as certainly present as if I had. Someone will see it some day, for it is beyond doubt that it must be there. I would even venture to suggest that it might be wise to anticipate discovery a little further, and to speak of this *contagium vivum* as the *syphilitic yeast*, so that we may force our minds to keep clearly in view the possible developments of this theory both as regards the inherited and the acquired disease. When a better theory is forthcoming, we may lay this aside, together with the forms of phraseology which it has brought in; but I cannot but note, as a remarkable result of this discussion, that, in despite certain objections to this, there seems to be no other theory in the field. For the present, to abandon the germ or yeast hypothesis of syphilis would be to throw the subject back into confusion; for it, as far as I can see, is the only clue which we possess to the orderly arrangement of our facts. Whether or not it will, when carefully developed in detail, be proved sufficient to explain all the facts, is the problem which confronts investigators. For myself, I may admit that the result of this debate has been to strengthen my belief that it is not probable that it will ever be supplanted. I have failed to see what those who suggest that the analogy with the exanthems has been pushed too far have advanced in support of their criticism. I can only again express my conviction that the more the facts as to syphilis are examined, the more clearly it will appear that, when allowed to develop without interference by specifics, its stages are very fairly regular; whilst the more we know of the other exanthemata, the more willingly shall we admit that theirs are by no means so definite and precise as we are accustomed to assume. Whether or not it results from the habit of prescribing remedies from which no very definite effects are expected, I cannot tell; but certainly it seems wonderfully difficult to persuade ourselves that mercury really does interfere with the development of syphilis, and that it is hopeless to attempt to get correct ideas of the natural course of the malady if we investigate cases in which it has been used. Amongst the facts which chiefly impressed on my own mind the lesson that syphilis, when let alone, is really a very orderly disease were the two now well-known series of cases in which, some years ago, I had the opportunity of examining a number of patients who had all at certain definite dates been made syphilitic by vaccination. In the first of these, about ten persons had indurated chancres on their arms at the same time, and due to the same cause. I do not think that any two of their sores varied more than a week in stage of progress from each other. The similarity in date of induration &c. was most remarkable, and quite as definite as would have been the phenomena of vaccination or of small-pox in a like series of cases. In my second series the stage of the disease was further advanced before the accident was discovered; and here, again, we found syphilis very regular, since case after case was hunted up and found to be in almost exactly the same stage as its fellows.

If, however, mercury be given, the course of things is wholly altered, and it depends upon circumstances whether the exanthem stage be wholly prevented or only very much deferred. In a case in which mercury was begun early and continued for six months, I have known the rash, which would otherwise have come within six weeks, deferred to the end of the period named. Here I am obliged to interpolate that I did not exactly see Dr. Farquharson's meaning, when he said that mercury makes syphilis more regular. That it makes it milder is undoubted, and that it makes its stages, as a rule, much shorter is undoubted; but I feel sure that, in certain cases in which it fails to cure, it may

greatly protract the malady by increasing the distance between its stages. The theoretical explanation of this is, that it probably prevents the development of the yeast in the blood; and, if it do not wholly kill, it leaves it still able at some future time, when the antidote has been laid aside, to resume its growth. In connexion with this theory I wish to direct attention to a most important suggestion which fell from Dr. Broadbent, and which was especially welcome as a striking exception to the remark I have just made as to the general incredulity now prevalent as to positive therapeutics. Dr. Broadbent remarked that, now that it has been proved that mercury is an antidote for syphilis, and made probable that the syphilitic virus is the same in its nature as those which cause the exanthems, we ought to again make careful trials of that and other specifics for them. The same thought has often occurred to my own mind. If mercury can kill or retard the development of the yeast plant of syphilis, it is very probable that it or the iodide, or some similar remedy, may do the same for the yeast of typhus, typhoid, or small-pox. We must not assume that this question has been set at rest by any trials which have as yet been made; for they have not, I think, been carried out with sufficient care. It will be desirable to ascertain carefully, beginning at the very earliest possible period, whether the evolution of the disease, as tested by the temperature and other symptoms, can be modified; whether the stages can be protracted; and, this point having been set at rest, we must then inquire whether such retardation is, on the whole, for the good of the patient, and determine the clinical details which it may be necessary to attend to. It is quite possible that the same remedy may be very useful in one mode of administration, and very hurtful in another, and thus the statistics *en gros* of recoveries and deaths under mercurial treatment which have been collected hitherto may have no close application.

The discussion which has taken place as to when syphilis ceases to be a blood-disease has been very important; but it has been in part based upon a misapprehension, and it has elicited expressions of opinion rather than facts. There has been, I think, a general tendency to hold that it is probable that, so long as any manifestations whatever exist, there must be a blood-taint. Several speakers have seemed rather to deprecate the attempt to mark out stages at all. Thus one to whom the subject is very greatly indebted—Dr. Wilks—said that for him, when a patient had syphilis, he had syphilis; and another of high position in the profession informed us, apparently without regard to stage, that syphilis was not so much a blood-disease as a flesh-and-blood disease.

Now, in reply to these criticisms, I cannot but still think that it is consistent with fact to divide syphilis into stages; and that the degree in which the blood and tissues are relatively affected by it differs very much at the different periods. No one will probably deny that syphilis, whilst breeding in the early periods of the chancre, is a tissue-disease only; its yeast is not yet free in the blood; then follows a period when the blood is its home, as may easily be proved by inoculation experiment. The blood cannot be infected many days, probably not many hours, before the poison finds its way into the tissues, and the misapprehension to which I have just adverted consists in that some speakers have seemed to suppose that by blood-disease was meant one in which the blood alone shares. I really cannot admit that the terms I used afford any ground for such misapprehension; for the very pith of my argument as regards the symmetry of the phenomena in the secondary stage was that the tissues became infected by the germ-carrying blood. Of course, in its secondary or exanthem stage, syphilis is a flesh-and-blood disease, or, rather, to denote sequence accurately, a blood-and flesh disease. But, in the primary stage, it was local; and it is very possible that in the tertiary stage it may be local again. In other words, the poison or yeast may have died out of the rapidly changing blood, whilst it, or perhaps its results, are still present in the solid and less mutable tissues. To determine this, we want, not opinions, but facts.

Now, there are several kinds of facts by which the state of the blood in syphilis may be estimated. First, we have its contagious properties or inoculability. This is conclusive; and it is quite certain that during the secondary stage the blood is contagious. The numerous accidents in vaccination and otherwise which have occurred during this stage have fully proved, both for the acquired and inherited forms, that the blood may be rich in contagious material, even when the patient displays no external symptoms. Although, as a rule, when the blood contains the poison it will produce an eruption, it by no means invariably does so; and it may be admitted as highly probable that the blood continues to be contagious for a certain period after the external phenomena have ceased. How long is that period, and within what limits may its duration vary? That is the question before us. Most unfortunately we are precluded from experiment, for syphilis is with great difficulty communicable to the lower animals, and it is not easy to find conditions under which, in the human subject, such procedures would be justifiable. Availing ourselves of such facts as accident throws in our way, I believe we can produce but little evidence in favour of prolonged contagiousness of the blood. All the accidents occur during the year or eighteen months which we count as the secondary stage, and most of them in the early part of it. There is every reason to believe that in the tertiary stage neither the blood nor even inflammatory secretions produced by sores which still bear the specific type, can reproduce the disease. Our next test is the possibility of transmission to offspring; and I note that almost every speaker has been inclined to assert that the production of a tainted child must be regarded as proof of blood-poisoning still extant in the parent. This may be so, but I cannot help the conjecture that it may be possible for the germs to still hold possession of cell-structures of the ovary or testis when they no longer exist free in the blood. That such is the case cannot be proved, and must rest for the present as mere conjecture. It becomes, then, of great importance to answer the question, How long after the secondary stage is it possible for syphilis to be transmitted hereditarily? During the last few weeks I have gone through the notes of a great many cases, in order to get data for a safe reply on this head, and with the result of a strong impression that we have much exaggerated our estimates of the time. The cases in which syphilis is transmissible by inheritance for more than a year or two after its secondary stage appear to be very exceptional. I possess notes of a few in which successive children, during a period of seven or even ten years, have presented evidence of taint; but the ordinary course certainly seems to be that the first two or three children suffer, and that the others escape. Unless the risk of hereditary transmission did really cease early in the vast majority of instances, infantile syphilis would be far more common than it is. It will be readily seen that our decision on this point is not a mere matter of speculation or of transcendental pathology, for upon it must rest the advice which we give our patients in reference to marriage. Now, I have for long made it a rule, when consulted on this point, to insist that, before marriage, a period of two years should elapse from the last of what I have considered blood-symptoms. I have given this opinion to a great many persons, and may confess that it has been a constant source of anxiety, lest some day some one should bring me a snuffling, spot-covered baby, and say: "See here; you said I might marry; just look at this!" Such an occurrence has, however, never yet happened to me. I may strengthen the bearing of this fact by adding that I have been cognisant of not a few cases in which the marriage took place at a much shorter interval than had been advised, and yet healthy children were produced. I repeat, then, that there is reason to believe that the instances of liability to transmit to offspring extending over periods of several years are exceptional, and are by no means to be dealt with as if they illustrated the rule. There are, moreover, numerous fallacies to be carefully kept in mind in investigating cases of the supposed unusual prolongation of this risk. There is the almost certainty to which I shall have to allude directly, that the mother becomes contaminated by her fœtus, and thus, if healthy before, supplies a new starting point for the infection of future children; and there is always the risk that one or other of the parents may have contracted the disease a second time.

Thus, then, we have clearly a period of syphilis during which the original sore is contagious; a period during which the blood and tissues are contagious; and a period during which transmission to offspring is possible. It is doubtful whether or not the two latter cease simultaneously, but there is some probability that the last remains the longest;

both, however, in almost all instances, end within comparatively short periods.

Let us ask, next, how it is with the symptoms which we rank as tertiary. Here we find a totally different law. The liability to them persists after the longest periods of apparent immunity, and after a whole family of healthy children have been produced. Nor are such cases rare; they are almost the rule. I am obliged, then, to again ask the question—Is it not far more probable that such symptoms result from changes in the solids which have taken place during the protracted secondary stage, than that they are consequent on a blood-taint still in activity?

At this point the argument receives, I cannot but think, great support from the general fact that everything in the secondary stage is symmetrical, and everything in the tertiary unsymmetrical. The inference suggested from this is that the phenomena of the tertiary stage, not unfrequently single, are of local origin, and possibly not unfrequently acknowledge accidental causes; while those of the early are due directly to the circulation of poisoned blood. Now, I must confess that I have been a little astonished at some of the opinions which have been expressed during the debate on these facts as regards symmetry and the inferences from them. One speaker, if I did not misunderstand him, thought it a novel statement that symmetry after all did not mean anything more than that the poisoned blood circulated equally on the two halves of the body. Now, so far from this explanation being novel, it is precisely that which gives the symptom its value. Others have alleged that, after all, secondary syphilis is not so very symmetrical, and Dr. Moxon has explained to us that, although it is symmetrical, yet its symmetry has no meaning, since it is invalidated by the "fallacy of universality." To those who doubt the fact of its usual symmetry, I have to say simply, strip your patients and inspect them in a good light; and, if this be done, I cannot conceive that there can be any doubt on the matter. Allowance must always be made for slight deviations from exact parallelism, for neither the spots on the wings of a butterfly nor the markings of a spider are ever absolutely symmetrical. It is reported of a Dutch gardener that he caught a boy stealing apples, flogged him, and shut him up in one of his summer-houses; and that, having done this, his mind was so much disturbed with the interference with the symmetrical plan of his garden, that he could get no peace until he had flogged his own boy and locked him up in the corresponding building. I was careful in my introductory remarks to say that we must not expect from Nature symmetry of the Dutch garden type. That in secondary syphilis the sameness in extent and location of the phenomena on the two halves of the body is such as ought to be quite conclusive as to its meaning I yet fearlessly assert. To Dr. Moxon I reply that, if an eruption be so universal that you cannot judge of its symmetry, the fact of universality teaches pretty much the same lesson, and cannot often be explained on any other hypothesis than that of blood-contamination. Those, however, who are familiar with the syphilitic exanthem know that it is not often universal, and that its symmetry is constantly seen in the most definite manner in cases in which it is only scanty. Sir William Jenner, directing his argument in the same direction, has told us that the rash of typhoid fever, a blood disease, is not symmetrical; whilst common psoriasis, the patches of which are usually symmetrical, is a skin disease only, and may be produced by local causes. Now, there are few authorities to whom I would with greater pleasure yield my opinion, if I could, than to Sir William Jenner, but in this instance I am obliged to dissent somewhat from both his statements. If the rash of typhoid be really not symmetrical in any other sense than that it is often ill-characterised and difficult to see, it is a very extraordinary fact in pathology, and is well worthy the most attentive scrutiny of this Society. On the other hand, taking psoriasis as the very type of a symmetrical eruption, I must assert that it is probably not a mere skin disease, and that it cannot be evoked by local causes. The influence of varying states of health and age of lactation, &c., in producing it, and its cure by arsenic, seem to prove that it is constitutional in origin; whilst, if it were ever due to local causes, it could certainly never, under such circumstances, become symmetrical unless the irritation were equally applied on the corresponding parts.

Amongst those who have produced evidence in support of my assertion that the phenomena of tertiary syphilis are, as a rule, non-symmetrical, my thanks are chiefly due to Dr. Moxon, whose facts derive additional value from the circumstance that he is an unwilling witness. Could anything be more conclusive as to the general fact on this subject than that a pathologist so able and zealous as Dr. Moxon, with Guy's Hospital as his field, mentions to us four cases of symmetrical tertiary syphilis, and four only. If the facts were, as he wished to imply, that no great difference in this respect could be established between secondary and tertiary symptoms, he would easily have been able to give us four hundred. I have myself repeatedly published cases of symmetrical tertiary syphilis, but the interest of the cases consisted in the fact that they were exceptions to the rule. It must be obvious that there is no law to prevent tissue-disease, such as I hold tertiary symptoms to be, from being symmetrical; on the contrary, the wonder is that they are not more often so, resulting, as they do, from long-standing disorder of nutrition which was caused at a time when the blood was tainted. So much the more significant is the clinical fact that, as a rule, they are not symmetrical. In repeating this assertion of their almost constant non-symmetry, I am speaking of the later tertiary phenomena, and chiefly of such as paralysis of the nerves of the eyeball or face, gummata in the tongue, muscles, or cellular tissue, and periosteal nodes.

Having mentioned Dr. Moxon's clever and amusing speech, it may be convenient here, perhaps, to conclude my reference to it, and to say that I am very glad to find that he supports the exanthem doctrine of syphilis. I spoke of syphilis as a slow-staged or long-staged exanthem, and he calls it an "exanthem diluted by time." As to his suggestion that tertiary growths have their seat in portions of new matter, which, by some means, have got introduced into the system without parentage, and, therefore, without inheriting any degree of immunity, I shall prefer to avail myself of its ingenious author's permission to say nothing about it, and shall await with interest its further development.

Amongst the important matters brought prominently under notice during this discussion, is the fact that there exist two schools of opinion as regards what takes place in the transmission of syphilis from parent to child. In the past, some, perhaps most of us, have held in a muddled sort of way both doctrines, and have allowed them to mix themselves up in a somewhat incongruous manner in our expressions and forms of belief. I cannot but regard it as a great gain that the two are now fairly confronted, since, without presuming to assert that they are incompatible, it seems very improbable that both are true. The one, which is the creed of those who think that syphilis is due to a sort of yeast germinal matter, holds that transmission is effected only by transference from parent to child of germs; that it is, in fact, contagion to the ovum. Thus, unless such infectious matter pass with the sperm or germ, no transmission of the disease will take place, and a child perfectly healthy, *quoad* syphilis, may be born. Transmission thus becomes to a certain extent a matter of chance, and by no means subject to the laws of ordinary heredity. The other view, which, with the clearness and ability which characterise all that he teaches, was expounded by Sir William Jenner, makes the transference of syphilitic taint from parent to child but an example of heredity, in the same way that colour of hair, texture of skin, &c., are transmitted. "Potentiality of development, then, and not the state of the blood, not any appreciable change, is the real pathology, it seems to me, of infantile syphilis." I am quoting Sir William's exact words.

Let me try to state as briefly as I can a few of the facts in reference to these two doctrines. When syphilitic parents procreate, a not uncommon result is death of the ovum at very varying periods of intra-uterine life—a circumstance, probably, to be explained more often by disease of maternal structures (of the placenta) than by breeding of syphilitic virus in the infant. In another group of cases, the infant is born apparently healthy, but sickens rapidly, and, without any of the ordinary evidences of syphilis, but with possibly a pemphigoid eruption on the hands and feet, dies in spite of all treatment within a few days. It is very difficult to say what happens in these cases, or in what way death is caused; they are rare. Lastly, we have the common well-known result that a fine healthy infant is born at full time,

which at the end of a month begins to snuffle, and a few weeks later shows a symmetrical rash closely similar to those seen in the acquired syphilis of adults. These symptoms are, as in the adult, amenable to treatment, and also subject to the law of spontaneous disappearance after a definite duration. It is remarkable that the period which intervenes between birth and the full development of the exanthem stage is exactly that occupied by incubation in the case of acquired disease, and the conjecture is forced upon us that the development of the yeast in the child's blood is restrained during intra-uterine life, and commences only with the function of respiration. The phenomena which ensue are those of a specific fever, and in no respect resemble those of development. If aberrations from normal development are ultimately produced, peculiar physiognomy, malformed teeth, &c., they are always in ratio with the preceding infantile inflammations, and are probably directly produced by them. If a syphilitic child in infancy escape syphilitic inflammations, its development will probably be in no respect peculiar; it may grow well, and present every appearance of excellent health. Thus far, then, we may assert that what happens to a syphilitic infant is closely similar to what occurs in the acquired disease, and suggests rather the breeding of specific poison in the blood and tissues, than the inheritance of "potentialities of development." It may be added, that were the latter creed the true one, we ought to find children inheriting the disease at the special stage to which it had attained in their parents, whereas this old opinion is now generally discarded, and it is acknowledged that, whatever may be the stage in the parent, the child will begin again at the early secondary period. If the doctrine of yeast-contagion to the ovum be the true one, we ought to find no shading-off in degree of severity of transmitted taint—the child must inherit the whole of syphilis or none; whereas, if the other view be correct, we should expect the most various gradations, the severity being in relation with the parent's state. Now, I believe that the general—perhaps the universal—opinion held at the present time is that inherited syphilis does really shade-off, so to speak, in the younger children. On former occasions, I have myself used expressions favouring this view, and, if I now discredit it, I fear I may encounter some suspicion of allowing my theoretic belief to influence my interpretation of fact. I may, however, assure the Society that, although I have admittedly changed my opinion on the suggestion of theory, I have not allowed myself to do so without collating very carefully the evidence afforded by the histories of some scores of syphilitic families. It appears to me, as the result of this study, that there is no proof of the transmission of minor degrees of syphilis, and that what we witness in children is rather exactly parallel with what we observe in the acquired disease—very variable severity in different individuals. If the real facts as regards the natural history of syphilis could be obtained, we should probably find that a considerable proportion of those who pass through the syphilitic fever after chancre-contagion, do so without rash, without sore-throat, without, indeed, any visible symptoms, and that this is by no means dependent upon the treatment, but rather upon some peculiarity in the patient's organisation, or some arrest in the development of the yeast poison. If this be the case in the acquired disease, we need not wonder that many infants, who yet show evidences of taint in later years, escape the ordinary rôle of symptoms during the first few months of their life. I have notes of many families in which some suffered and others appeared to escape; and although, as we should expect, it is the rule for the eldest to suffer most severely, there are so many exceptions to this that I do not think we can infer anything as to diminished intensity of the poison. We ought rather to say, that it is the rule for the eldest to suffer most often, and that the chance of total escape is increased with each successive year. As the rule, the younger members of syphilitic families show no traces of the disease whatever, and appear to have escaped entirely. Lastly, it may be remarked, that if the inheritance of syphilis were an inheritance of "potentialities of development," and not, as Mr. Simon has so well expressed it, of "a material something which passes absolutely and bodily into the infected ovum," we should expect to have mixed and ill-defined results. We should see the syphilitic potentiality mingling itself with others and producing hybrid diseases. And, further, one scarcely sees how on such an hypothesis a syphilitic parent should ever have healthy children, or why his younger ones should suffer less than his early ones. Admitting that the subject is one of much difficulty, and that further investigations of fact are needed, my conclusion still is for the present a tolerably confident one, that the transmission of syphilis to children is like that from person to person in the acquired disease, a communication of special germs, and that there is no such thing as the transmission of less or more—that the fœtus either gets syphilis in the full or not at all.

I confess that it seems very difficult, taking this view of the mode of transmission, to believe it possible that the germs received in utero can survive long enough to be transferred to a third generation. For this to take place a period of vitality of nearly twenty years must in most cases be presupposed, and this is, I believe, far longer than can be proved in the case of the acquired disease. Facts bearing on the point are very few in number, and most of them negative. Mr. Simon mentioned briefly the other night one which seemed to favour it. Some years ago I recorded a number in proof that those who had suffered severely might yet bear healthy children, and with them one which might be considered to bear in the other direction. The fallacies are, however, almost insurmountable.

Whilst urging that the kind of poison communicated in parental transmission is probably just the same as that conveyed in chancre-contagion, we must not forget that there are possibilities of difference, to fully appreciate which a knowledge of the laws of cryptogamic life, rather than of heredity, is needed. To this important topic Mr. Simon and Dr. Greenfield both alluded; but I shall be best able to illustrate what is meant if I may be allowed to pass back to the speech of Dr. Broadbent. Amongst certain difficulties in the way of accepting the theory that tertiary deposits only occur where secondary disease has preceded them, Dr. Broadbent mentioned the well-known opinion that a healthy woman pregnant by a syphilitic husband may acquire the disease from the fœtus, and pass at once to the tertiary stage, having never suffered from any secondary symptoms whatever. My reply to this would be, that in such cases the "tertiary symptoms" are never displayed early; that they follow, as in other instances, after long intervals, and that the cases are probably examples of the secondary stage being passed through without external signs. This subject is, however, far too important and too curious to be thus dismissed. If what seem to be facts respecting it be really credible, we appear to have a wholly novel phase of the subject opened out to us in this direction. It has long been believed by many that the mother might become diseased by absorption direct from the blood of the fœtus, and without the intervention of any chancre. It is just twenty years since I wrote a paper on this subject, and collected a good deal of evidence concerning it. My conclusion was, as stated by Dr. Broadbent, that in these cases the woman never suffers from secondary symptoms, and experiences nothing during the pregnancy which infects her, excepting perhaps a little loss of strength and slight indefinite ailments. In further proof that she does really contract something, I made use of the well-known observation of Abraham Colles that syphilitic infants nursed at the breast often infect wet-nurses, but never their own mothers. I did not, however, until within the last few weeks, fully appreciate the bearing of this fact. If Colles's law be one which has no exceptions, it follows that all women who bear syphilitic children contract syphilis; for how else can they obtain immunity? And, since it is notorious that women under such circumstances scarcely ever show secondary symptoms, it follows, further, that we have here a form of syphilis which is protective, but which is unattended by any cutaneous outbreak. Thus syphilis acquired by blood contagion from the fœtus would appear to be, for the mother, a parallel with vaccination in regard to small-pox; she gains immunity without suffering from any severe form of disease. The botanist will at once suggest that probably in both cases the explanation is to be found in heteromorphism or alternation of generations on the part of the fungus. To him the clinicist might aptly rejoin that really one might almost have expected it, for when the mother gets syphilis from the fœtus, she obtains it from fluids in which the plant-life is evidently under some very special restraint; for in the fœtus itself, as a rule, no development of it takes place during the nine months of intra-uterine

life. We have only to suppose that the same condition of the yeast which existed in the fœtus is perpetuated in the mother, and the thing is done. We had no right to suppose that infection by inoculation of solids (or chancre-contagion) would be exactly the same in its results as direct imbibition by the blood.

As we may call vaccinia undeveloped yet protective variola, so we may consider syphilis, derived from the fœtus, as an undeveloped yet protective form of that disease; and we have here another most interesting point of analogy between syphilis and the exanthems.

Before, however, we accept as probable such a possibility as that just hinted at, it is desirable to look at the facts with the utmost incredulity. Let us doubt unsparingly at every stage of the reasoning. First, is Colles's law true? I cannot see any escape from the conclusion that it is. It was announced in 1837, and has received, I believe, the assent of every authority who has written on the subject since. It has attracted attention both at home and abroad, and I am not aware that a single exception to it has been recorded. We have all of us seen chancres on the nipples of wet-nurses. They are, indeed, not very infrequent. We have, however, none of us seen such on those of the mothers of infected children. Let us remember that it is very unusual to put a syphilitic infant out to wet-nurse—a thing which no prudent surgeon would ever permit,—and that probably, for one so nursed, a hundred are suckled by their mothers, and we shall appreciate the weight with which this entire absence of proof that mothers ever suffer bears. It amounts, I think, all but to proof that they are absolutely insusceptible. It is as strong in that direction as is the rarity of small-pox within short intervals after successful vaccination. We must remember also that these mothers of syphilitic infants not only nurse one infected child, but often several in succession; that they not only suckle them, but handle them, dress their sores, and in various ways through long periods expose themselves to risk. If it be granted that it is proved that these mothers, a very numerous class, have really in some way had syphilis and acquired immunity, I do not think there can be much dispute as to the next fact, that they do not during pregnancy show any of the usual symptoms of the disease in its secondary stage. This is a matter of every-day experience. There remains, however, the possibility that the syphilis may have been gone through prior to pregnancy; and I am well aware that the few remaining writers who teach that syphilis can be inherited only from the mother will hail this confirmation of Colles's law as a strong support for their opinions. Here, however, again I must appeal to every-day experience. Is it not the fact that women bear syphilitic children without having ever themselves, either before or during pregnancy, had any symptoms, primary or secondary, of that disease? If this happened only once or twice, we might reasonably doubt the histories given us. But it is not so; it is in hundreds of cases; and few, I think, of much experience can doubt that, as a rule, syphilis is inherited from the father, and that the mother never shows any external signs of the malady. I purpose shortly to publish the evidence which I have collected on this and some kindred subjects, and the assertions just made will, no doubt, receive the scrutiny of other observers. If the argument should in the end be thought to be substantiated, some other very interesting questions will suggest themselves. We shall have to ask, What are the ulterior liabilities of a woman who has thus acquired the modified form of syphilis? Can the taint be transmitted from her to offspring borne subsequently to a healthy father? Is her blood at any period contagious, and what would be the result of inoculation with it? Does the taint in her last as long as when the disease is acquired in the ordinary way? I have already, in speaking of the difficulty of measuring the length of time during which it is possible for the tendency to transmit to offspring to last, adverted to the fallacy introduced by the fact that usually the mother acquires the disease from her first pregnancy, and may herself become the source of contamination in the second. We must not, however, take it for granted that a taint acquired in this peculiar manner is transmissible, or, at any rate, that it is so for any long period of time. It is quite possible that its stages may be far shorter than those of the common type of the disease.

Amongst the more important of the questions which have been put to me in the course of the debate, I find one in the very suggestive speech of Dr. Greenfield, as to whether there may not be some after-results of syphilis which are to be classed rather as those of malnutrition than as consequences of the specific poison. He illustrates the question by asking whether all the children who suffer from keratitis have really had syphilis, and whether it may not, in some cases, rank rather as a defect in nutritive power. To this I may give a clear reply, that I believe that all the conditions which we have as yet recognised as syphilitic, whether in the acquired or the inherited form of the disease, are the direct results of the disease. A severe attack of syphilis may of course damage a man's nutritive power, but as the result of such damage we shall not encounter anything in the least special; and it is quite impossible that he should, in virtue of such damage, transmit to his children a state of cachexia rendering them liable to such a disease as interstitial keratitis. The latter malady cannot, I feel convinced, occur to anyone who has not had syphilis. Interstitial keratitis also obeys the usual law of syphilitic inflammations in always showing tendency to spontaneous cure, which would scarcely be the case if it resulted from defective nutrition. There is, however, a rare form of choroido-retinitis which is steadily and slowly aggressive, much like a degenerative affair; but I suspect that it is secondary to damage done by previous inflammation, otherwise it might seem to be an example of what Dr. Greenfield is seeking for.

The peculiar relationship in which the gumma, the soft sore, and phagedænic action stand to syphilis has perhaps been sufficiently discussed. I may note, however, that, with the exception, I think, of Mr. de Méric, no speaker has attacked the dogmatic assertions which I very purposely made as to my belief in the essential alliance between phagedænic and syphilitic inflammations. I was very anxious to attract attention to this subject, believing it to be of great clinical importance. I have long held, and publicly taught in the most positive manner, that, certain very rare cases excepted, all well-characterised phagedæna may be traced to syphilis; and that it is from the contagion by pus from syphilitic sores (mostly tertiary, and not containing the specific virus) that hospital phagedæna takes its rise. You, Mr. President, can, I know, give us some valuable evidence on this point; and as I hold that its knowledge is of great importance, in order to the prevention of epidemics of phagedæna both in military and civil practice, I rather regret that it has not, on the present occasion, had the benefit of more criticism. Mr. de Méric had somewhat misunderstood my meaning, and seemed to think that I held syphilitic phagedæna to be incurable, which was very far from what I intended to say. I should be very glad if I could believe that the silence of other surgeons implied acceptance of my creed.

As a curious illustration of the difficulty in making one's meaning clear, I find that I have been criticised by Mr. Wood and others for attempting to define too closely the stages of syphilis, whilst Mr. de Méric complains that I have shown too great a tendency to put the whole disease in one lump, and expresses his preference for the old doctrine of stages. I cannot defend myself on this point from either critic without recapitulating almost the whole of my address—a task which the Society will, I am sure, gladly excuse me. Briefly, however, I may say that I consider the several so-called stages of syphilis as in part natural and in part conventional, and that I have not the slightest wish to make them more definite than is required by clinical convenience or suggested by pathological probability.

Amongst the chief contributions to facts, we must place Dr. Buzzard's valuable statistics as to the average age of those who suffer from disease of the nervous system, Dr. Hilton Fagge's statement as to the frequent alliance between syphilis and amyloid disease, and Dr. Greenfield's account of certain pathological details. Dr. Moxon has also mentioned some interesting examples of symmetrical tertiary growths; and Dr. Greenfield has recorded a post-mortem examination in the secondary stage, in which gummata were found in the dura mater. I am sanguine that, hereafter, many of the topics which as yet have been only debated will be examined by the light of accumulations of new facts, otherwise some regret might perhaps be felt that, following my own bad example, most speakers have contented themselves by expressions of opinion.

I am painfully aware that in this reply I have done very scant justice to the numerous speakers who have taken part in the debate. I have, however, I hope, profited by all, and have endeavoured to incorporate in my statements to-night the hints they have given. That I have not even alluded to the splendid speech of Sir James Paget is to be explained by the fact that we agree on almost every point, and this again finds its solution in the further fact that he was my teacher, not alone, as I was proud to be reminded, in general surgery, but also in the special doctrines of syphilis.

On the conclusion of Mr. Hutchinson's reply, a vote of thanks to that gentleman was proposed by the President, and carried by acclamation.

The Society adjourned at a late hour.

MEDICAL SOCIETY OF LONDON.

ON Monday, the 3rd inst., Mr. W. Adams, President, in the chair, the interesting discussion on Mr. Henry Smith's paper "On some Manifestations of Syphilis and their Treatment" was resumed, and occupied the whole evening.—Dr. SANSOM said he thought there was no absolute test in tertiaries for ascertaining the specific disorder, as it was sometimes impossible to trace the infection, but that most cases which could be cured by iodide of potassium, when other means failed, must be syphilitic. Mr. Mason had put them down to struma, but he (Dr. Sansom) asked what was struma?—Dr. COOK agreed that it was very difficult to trace syphilis, and deprecated point-blank questions to patients, as, he said, such a proceeding was contrary to all laws of ethics. He considered iodide of potassium preferable in those tertiaries with nerve mischief and nodes, and mercury where a cachectic state coexisted with skin affections. He only gave large doses of iodide of potassium in syphilitic effusions into the brain, to obviate nervous mischief. He dwelt also on the importance of combining the drug with tonics.—Mr. HENRY DE MÉRIC, in alluding to the difficulty of ascertaining a previous syphilitic history in patients, spoke of the painless and innocent-looking character very often assumed by a primary sore, escaping the observation of the patient, more especially in women. He touched lightly on the importance of the dual theory, and bore witness to the benefit of large doses of iodide of potassium in tertiaries, but thought no rule could be given as to when that medicine and when mercury should be given in tertiaries, as he himself was of opinion that mercury should be administered when iodide of potassium failed, giving a case in point.—Dr. FOTHERGILL thought the therapeutic test of iodide of potassium should be applied in doubtful cases. He praised the combination of iron and tonics, and lauded the use of mercury ointment to the diseased part itself.—Dr. ROUTH thought that the medical man is justified in asking patients point-blank questions. He mentioned several diseases—erythema nodosum, gout, &c.—which are curable by iodide of potassium, there being no syphilis whatever.—Mr. DAVY considered no proceeding too blunt with regard to patients. He objected to the term curative as applied to syphilis, as the disease was most intractable, but lauded all preventive measures.—Dr. FARQUHARSON was of opinion that syphilis, if treated early, was curable, and thought the disease was gradually wearing out.—Mr. NAPIER did not believe the condition of the teeth was at all diagnostic of syphilis, as they may be affected by the administration of mercury for other causes, or by struma.—Dr. GIBBON confirmed the observations of the last speaker, but did not think the disease was wearing out.—Mr. SMITH then replied categorically at some length, and the meeting adjourned.

VACCINATION GRANTS.—The following gentlemen have received awards from the Local Government Board for successful vaccination in their respective districts:—Mr. J. H. Wraith, Over Darwen, £39 5s.; Mr. J. C. Roberts, Peckham Rye, £21 18s.; Mr. Rowland Hills, Conisborough, £15 3s. Mr. T. Torkington Blease, Altrincham, £22 9s. (second gratuity). Dr. Simons, late of Boreham.

Reviews and Notices of Books.

A Text-book of Electricity in Medicine and Surgery. For the Use of Students and Practitioners. By GEORGE VIVIAN POORE, M.D. Lond., M.R.C.P., &c., Assistant-Physician to University College Hospital, Senior Physician to the Royal Infirmary for Children and Women, &c. London: Smith, Elder, and Co. 1876.

IF the claims of electricity as an important therapeutic agent have been unduly ignored in the past, and its employment limited to the treatment of a few special cases, full amends have been made by the vigour with which the subject has been studied during the last few years, and in the general acknowledgment of its value for many and varied clinical purposes. Indeed electricity has become such a fashion in medicine that a note of alarm has already been sounded, warning us that an agent so energetic in its action is capable of producing most injurious effects if indiscriminately or recklessly employed. A work, therefore which was not a mere epitome of successful cases, but a thoughtful review, treating the subject on scientific principles, indicating the particular cases in which electricity might be employed with benefit, and deciding what the conditions are where its use is to be avoided, had become a necessity for the guidance of practitioners. All these requisites are fulfilled in the book that is the subject of the present notice, and we thank Dr. Poore, not only for a work which will prove so generally useful, but also for the impartial and critical manner in which he has performed his task.

The first four chapters of the book may be considered introductory; they treat of the general principles of electricity and electrical force, of the best batteries for medical purposes, the physiological relations of electricity, and the methods of employing it. These chapters require to be read attentively, since the mastery of their contents is absolutely necessary for the full appreciation of the subsequent portions of the work; but the author has arranged the subject-matter so well, and writes so clearly and tersely, that the details are not wearisome or difficult to follow. Dr. Poore gives decided preference to the Leclanché element, as the couples cause no sensible waste when the circuit is open, and work for many years without requiring any attention; and recommends the Leclanché batteries, as manufactured by Messrs. Weiss, which contain fifty elements of low electro-motor power, and are furnished with the necessary appliances. In addition to the advantage of having a battery which requires little or no attention, we have found them more portable than batteries arranged with other kinds of elements, and therefore they are of greater practical utility to the medical man. Speaking of electricity as a stimulant, Dr. Poore emphatically repeats the caution given by Dr. Russell Reynolds in his Address on Medicine delivered before the British Medical Association at Norwich in 1874, against the indiscriminate employment of electricity. Dr. Poore advises the medical practitioner to make himself thoroughly acquainted with the fact that a muscle may be completely tired out by the injudicious use of electricity. "Select," he says, "a small muscle, such, for example, as the first dorsal interosseous muscle of the left hand. Faradise it, using a current of sufficient strength to cause a contraction which is too forcible to be overcome by the will, and it will be found that after three or four minutes the contraction becomes less and less strong as the irritability diminishes, and that the will is soon able to overcome the artificial contraction, while the same current applied to the corresponding muscle on the same side of the hand causes a contraction against which the will is absolutely

powerless. Ultimately the faradised muscle will refuse to respond either to mental stimulation or to faradaism." Such being the result of the too prolonged action of the electrical current on healthy muscle, we ought to be cautious not to over-stimulate or tire out muscles already exhausted from disease by the too zealous employment of this agent. Dr. Poore then proceeds to discuss the cases in which electricity may be employed with advantage, and the cases in which its use is to be avoided.

In the chapter treating of electricity as an anodyne and sedative, the author enters fully into the consideration of "fatigue diseases." The important part that chronic fatigue undoubtedly plays in the production of many morbid conditions renders such a consideration extremely interesting. Dr. Poore's views are entirely original; we therefore regret to find that these views have been embodied, without acknowledgment, in some recent lectures which have enjoyed a wide publicity. It is in writers' cramp that the effect of chronic fatigue can be best studied; it is in the pain of muscular fatigue, the kind of pain which we have to deal with in writers' cramp, that the anodyne effects of the galvanic current are most beneficial. In five cases treated by the author, the most marked alleviation of the patients' distress followed immediately on the first application. The power that electricity has of annulling pain is certainly one of its most valuable effects, and Dr. Poore gives us a long list of maladies in which its employment may be successfully resorted to.

The concluding chapters of the work treat of the application of electricity in surgery. As a caustic the author thinks electricity is preferable to other agents from the safety with which it can be applied to such regions as the pharynx and larynx, in which the application of other caustics must be attended with more or less danger. The intensity and duration of the caustic action are more absolutely under the control of the surgeon than in the case where chemical agents are employed, and by employing insulated needles it can be applied to subcutaneous tissues without injury to the skin. A chapter is devoted to the consideration of surgical electrical instruments. The treatment of internal aneurisms by the galvanic current has for some time been before the profession. Dr. Poore gives the details of thirteen cases collected from the medical journals and elsewhere. Although the results collectively do not seem very encouraging, still in some of the individual cases something like a promise of future success appears. Considering the chief danger of the operation consists in inflammation of the sac and sloughing of the punctures, Dr. Poore wisely recommends that only weak currents should be employed.

We must also notice the very carefully prepared index which concludes the volume, and which greatly adds to its value by facilitating reference. Interwoven with the text are a number of cases which we are glad to observe have been taken from the practice of physicians rather than from electricians; the reader is thus confronted with the personal experience of such men as Wilks, Buzzard, Brudenell Carter, Hilton Fagge, and others. In conclusion, we heartily commend the book to our readers as the most complete work on the subject; it is a valuable contribution both to science and clinical medicine.

Lectures on the Comparative Anatomy of the Placenta. First Series. By WILLIAM TURNER, Professor of Anatomy, University of Edinburgh. Edinburgh: A. and C. Black. 1876.

THESE lectures were delivered in the theatre of the Royal College of Surgeons in June, 1875, and a short *résumé* of them will be found in our columns of that date. We are glad to see them now, if we may so speak, in full dress, accompanied by the illustrations, which are very beautifully executed, and greatly aid in the comprehension of the text. The lectures were in great measure the outcome of original investigations of Professor Turner, and contain many new observations, but in the present work considerable additions have been made. The central fact established by Professor Turner is that the villi of the chorion do not, as has been very generally supposed, penetrate the orifices of the tubular glands of the uterus, but are received into crypt-like depressions developed after impregnation in the inter-glandular part of the mucous membrane. The placentæ described in the present series are the diffused placentæ of the pig, mare, various cetacea (orca, narwhal), manis, camel, tapir, and lemur; the polycotyledonary placentæ of the sheep, cow, and giraffe; the zonary placentæ of various carnivora, bitch, cat, fox, seal, &c., and of the hyrax, are considered. The remaining orders will be brought under review this summer. All Professor Turner's work is so honest and good that it is unnecessary we should do more than direct our readers' attention to the publication of these lectures to induce them to procure a copy for themselves.

Proceedings of the Society of Public Analysts: containing Chemical Papers read before the Society and contributed by Members, Original Articles on Subjects of Current Interest to Public Analysts, Correspondence, Reports of Meetings, &c. &c. Vol. I. London: 79, Great Tower-street, E.C. 1876.

THE Society of Public Analysts gives in the present volume a very satisfactory account of its first year's work. It has been instrumental in introducing some improvements in an Act which would otherwise have been even less satisfactory than it is now; it has secured very useful discussions on the general questions involved; has produced, through its members, some valuable analytical papers; and above all, has led to united action among public analysts, and to some extent to agreement of opinion among them in regard to standards of purity.

The present volume gives not only the record of the actual work of the Society, including abstracts of the discussions at the meetings, but also a reprint of the recent Act, all important public papers which have been issued in regard to it, reports of prosecutions in any respect typical, and many letters, articles, and stray notes which have already appeared elsewhere. It would have been all the better for a more systematic arrangement, and is, in fact, somewhat of a jumble as it stands; but it contains a great deal of valuable matter, and its faults will no doubt be rectified in future volumes. The Council has acted wisely in publishing the volume.

The Life, Work, and Opinions of Heinrich Heine. By WM. STIGAND. 2 Vols. London: Longmans. 1875.

THAT the task which the author of these volumes took upon himself was a matter of uncommon difficulty there can be no doubt; and it is clear that he has laboured hard and conscientiously at its accomplishment. Heinrich Heine was a man of unmistakable genius; he was a poet, critic, and humorist, bold and vigorous in all that he thought and expressed, sarcastic and cynical, and at times audacious even to irreverence. His life was, too, an uncommon one; few men were so grievously afflicted by years of suffering and pain. We think the arrangement of the materials in these volumes susceptible of some improvement; and although this sketch of the life and opinions of such a man may not be regarded as perfectly successful, in point of execution, by the admirers of Heinrich Heine, our author has nevertheless succeeded in telling us a great deal that will be interesting and novel to English readers about a very remarkable man.

THE LANCET.

LONDON: SATURDAY, APRIL 8, 1876.

IT is in the nature of such changes as have occurred in the personnel of the General Medical Council by the death of two such men as PARKES and BENCE, to lead to other changes. When everything proceeds evenly, the disposition of members is in the direction of willingness to be re-elected when their term of office expires. When conspicuous vacancies arise, men more keenly criticise their duty as the time for re-election approaches. Professor LISTER, as we anticipated, is to be the successor of Dr. BENCE. We are glad of this. Professor LISTER is a surgeon and much more. He is a physiologist. Moreover, he is familiar with all that is good and bad in the teaching of Scotland and England. He will bring to the Council an element of quiet strength and independent and original thinking, which will add to its influence. The Government must be congratulated on this appointment. The successor to Dr. PARKES, though, we believe, already decided on, is not yet announced. It will gratify us to find that the Government have selected a representative of the Crown for England that will worthily represent the professional intelligence of the provinces on the great questions of medical education. PARKES and RUMSEY were not London men. And there are at least a dozen men in the provinces whose election would be welcomed by the profession. Amongst the Crown members whose term of office will shortly expire are Dr. SHARPEY and Sir WILLIAM GULL. Both of these gentlemen have taken a very earnest part in the debates of the Council, and their re-election would be acceptable to the profession. Dr. SHARPEY might fairly ask to be excused, but the duties of the Council are not very exacting, and his wise and judicial opinion on some difficult questions that must fall to be discussed will be of more value than that of many men with acuter senses.

The other vacancies that will occur during this year are in the representation of the Irish Apothecaries, of the University of London, of the College of Surgeons of Edinburgh, and the King and Queen's College of Physicians. There is not likely to be much change in these directions. Dr. ANDREW WOOD has become almost indispensable in the Council, and his College will do a public service by re-electing him, while it will also secure its own interests.

In the event of further Crown appointments having to be made, we devoutly hope that they may be given to men not officially connected with the competing corporations, men of scientific standing, of independence, and who may be presumed to care more for the development of medical education than for the interests of any particular school or corporation. One important branch of medicine has been singularly unrepresented at the Council—we mean the obstetric. We may hope that this defect will shortly be remedied.

IT is not without some feeling of relief that we record the conclusion of the long-continued debate on Syphilis, which has of late occupied so much of our space and the attention of our readers. Mr. HUTCHINSON'S very able reply, which we publish this week, is a termination well worthy of the discussion, and of its author. There will no doubt be many who will be of opinion that the reply is of even greater value and of more conspicuous ability than the introductory paper, and we should be unwilling to mar its effect by any detailed comment or criticism. In our remarks on the statements of various speakers we have from time to time anticipated some of the more obvious objections to their views, and it is a satisfaction to find that, on many points, Mr. HUTCHINSON'S reply endorses our comments. But Mr. HUTCHINSON has done much more than merely to reply to his various opponents and critics. Indeed, he has not only not yielded his own opinions, as enunciated in his original paper, but he has made capital out of many of the arguments brought forward to refute him, and has advanced further arguments and hypotheses in extension of his previously imperfectly developed theories. In many respects, his reply has more the character of an original paper than a mere refutation of objections.

We may remark that a large part of the criticism which has fallen from various speakers has arisen from a misconception of Mr. HUTCHINSON'S views, or a too great insistance on minor details. As such we cannot but regard many of the comments on the terms "blood disease" and "symmetry." There is a far greater concordance on the essential points in the pathology of syphilis than on the mode of their expression. But we may be grateful to Mr. HUTCHINSON for reserving his bold and outspoken belief in the "cryptogamic" origin of syphilis till the last, and sparing us another debate on the germ-theory.

Mr. HUTCHINSON possessed the immense advantage in debate of a clear and definite theory of syphilis, well thought out, and elaborated by experience, *totus, teres, et rotundus*, the objections to which he has carefully weighed by the light of a clinical experience which few, if any, can equal. Owing to this fact, he is able readily to meet objections by explanations or hypotheses, which, if not conclusive to the mind of the critic, are, at least, difficult to disprove by direct evidence. If there is one defect in his argument more palpable than any other, it is the unwillingness to admit the validity of any hypothesis if it is inconsistent with his theory of the disease, although it may be equally in accordance with fact. Had he stated fully at the outset the views which he entertains as to the nature of the syphilitic virus, and the relations of maternal and infantile syphilis, we venture to think that, whilst many of the criticisms would have been rendered needless, there would have been room for weighty arguments against those views. But we have no desire to reopen the discussion, awaiting rather the results of future observation in the confirmation or rejection of those theories.

The debate has raised many questions of the highest interest and importance in the domain of general pathology; it has shown the diversity of opinion which exists amongst the leaders of the profession on the explanation, and even

on the facts, of a common disease; it has brought out, and set in a clear light, the defects in our knowledge, and the mode in which they may be supplied; and if, as was well remarked, it has not been a fruitful harvest, it will no doubt prove a seed-time of great value, the fruit of which will be brought forth in due course to the advancement of medical science. The practical outcome may, as Mr. POLLOCK suggested, be favourable to the extension of the Contagious Diseases Acts, but of this we cannot be so sure. We trust, however, that Mr. HUTCHINSON's belief in the cryptogamic origin of syphilis will not lead to a search for such organisms to the exclusion of the investigation of other and, in our opinion, far more important points.

THE almost pathetic appeal of the Home Secretary to Colonel EGERTON LEIGH, deprecating the least pressure on the subject of legislative precautions against quack medicines, is an instructive episode in recent experience. Without doubt the Executive is not only justified, but discreet, in refraining from meddlesome interference with matters not urged upon its attention by the force of public opinion. We can understand the statement that a proposal to compel the owners of quack medicines to declare the ingredients of their nostrums has only quite recently been brought under the notice of Her Majesty's Government, but that circumstance scarcely explains the earnestness with which the Home Secretary entreated to be left to his meditations. There can be no difference of opinion as to the need of some statutory protection for a public which seems incapable of exercising even ordinary prudence in respect to a matter seriously affecting the health, and sometimes the lives, of persons of all ages. It is impossible to put down quackery in medicine with the strong arm of the law. The boisterous spirit of liberty which pervades modern society, especially in England, would revolt against such a procedure with little less vehemence than would, certainly, be called forth by any attempt to put down the quackery extant in matters of religion. But the same principle which restrains blind enthusiasm in the service of a faith is certainly applicable to the practice of a profession. Doctrinaires and charlatans may preach or prescribe as they please, within the limits of social order and public safety, but it cannot be tolerated that they should poison minds or bodies without openly taking up a position where their heresy may be confuted, or the injurious nature of their concoctions exposed. This question of quack medicines assumes the gravest proportions because helpless children and weak-minded persons of both sexes and all ages compose the ignoble army of martyrs sacrificed at the shrine of charlatanry and, occasionally, of knavish ignorance.

Of course there is a side of the question not apparently contemplated by Colonel EGERTON LEIGH. If a serious percentage of the consumers of quack medicines fall victims to the concealed poisons imbibed, a much larger proportion of the *clientèle* secured by the owners of secret medicines are only egregiously duped. The charge of "obtaining money by false pretences" could be brought home to these adventurers in scores of cases where that of "manslaughter," or of "inflicting grievous personal injury" must fail. Probably many of the "patent medicines" so highly vaunted, and so largely purchased, are either flagrant impositions, in the sense of being mere placebos or medicaments differing in no essential particular from those prescribed by legal practitioners, and deriving all their reputation and charm from being surrounded with mystery and sedulously puffed. The bread-pills and burnt-sugar potions of other days may have given place to more recondite exploits of pharmacy, but the heal-alls and cure-alls of this last quarter of the nineteenth century are as truly shams as those which were the rage fifty or a hundred years ago. There will always doubtless be multitudes easy, if not eager, to be duped by any loudly-lying impostor who pretends to redress their grievances and cure their bodily ills. When we remember, too, how many of the afflicted science is unable to relieve, and how strong is the love of life in all, it must be recognised that pretentious quackery will always find a wide field for its enterprise. It is scarcely to limit this field such a proposal as that indicated by Colonel EGERTON LEIGH would be aimed. The right of doing wrong when only canons of common sense and the laws of nature are violated must be conceded, provided always that no man injures his neighbour, as those who claim the right of refusing to vaccinate their children would do. A measure which should compel "owners of quack medicines to declare the ingredients of which the doses are made previously to being allowed to sell them" would be no infringement of private property. Scientific medicine of course makes no pretension to property in its discoveries. It is quacks and charlatans alone who trade in secrets. All Colonel EGERTON LEIGH asks, as we understand the proposal, is that, before the owner of a private prescription is allowed to offer his "remedy" as a marketable commodity, he should declare the drugs of which it is composed. We think the enactment should go at least one step further, and require that every potent ingredient should be named on the wrapper. Even this expedient would amount to very little in the way of safeguard. One-half the weak-minded persons who take or give a quack medicine care little, if anything, as to the drugs of which it is composed. They physic themselves and others by a simple rule-of-thumb. A man or woman of mature years recovers from a sharp attack of diarrhœa, gets rid of a troublesome cough, or "sleeps like a babe" after a few doses of some "patent" or quack remedy—*ergo*, an unfortunate infant or sickly child must perforce swallow a dose determined by the substitution of teaspoonfuls for tablespoonfuls. The domestic trifler with a mysterious and perhaps most potent compound is not aware that what seemed physic to the grown patient is poison to the child. It would not greatly mend the condition of matters if a full statement of the ingredients were emblazoned on every box and bottle sold by the quack. The only real safeguard must consist in a revival of common sense among the community at large. If people would only make up their minds not to play with remedies which are all more or less dangerous in the hands of the ignorant or the reckless, if they would apply to the treatment of their bodies the same wholesome principle of caution they bestow on the care of their watches, their weather-glasses, and other pieces of complicated mechanism they do not understand and are wisely afraid of spoiling, it would not be necessary to move the Legislature to make the owners of quack medi-

cines divulge their secrets. The world can gain nothing by knowing them, though the quacks may lose much. Meanwhile, pending the time which must elapse before the classes among which the proprietors of secret remedies find their customers have undergone the necessary enlightenment, it will probably be worth while to dispel some of the mystery that fascinates and allures the victim, and wherein also lies a great part of the danger.

THE state of the public medical services is really becoming a grave matter. The number of vacancies in the Naval Medical Service having exceeded the number of candidates at the last examination, competition was of course out of the question; and as all that offered themselves passed, it may be readily conceived that the qualifying standard was not pitched very high. We all know what is the condition of the Army Medical Service at the present time, for Mr. HARDY frankly admitted the inferior quality of the candidates for that service, as well as the inadequate number of those that did appear. If we turn to the Indian Medical Service, which is confessedly the best and most popular of the three, it cannot be said that there is any very brisk competition for appointments in it, and it must be remembered that at the last examination the Indian and the Naval Medical Services had the field all to themselves.

What are the causes of this state of things? Taking the services collectively, we may say that they have got a bad name with the medical profession; that this reputation was not the growth of yesterday, but has been slowly and steadily acquired; that there is a distrust of all Government guarantees, and a belief that the position accorded to members of our profession in the public services was, and still is, an unsatisfactory one, and that, as might naturally have been expected, a class of men have from time to time got into the services who have to some extent justified the small estimation in which they appear to be held. Again, the public services have to compete with civil life under certain obvious disadvantages—viz., those incidental to foreign service, and even expatriation, with probable risk to health, irksome or monotonous duties, distasteful discipline, and a well-grounded belief that the rewards do not follow professional or scientific attainments, but are attached to the exhibition of qualities that would have made a man successful if he had received relatively little medical education, but had been trained to habits of business. The truth is that students—at the English schools especially—and young medical men have of late years apparently ceased to regard the public services as a sphere of occupation and livelihood. If the palmy days of the Indian Medical Service have passed away, it must still be confessed that it contrasts favourably with the other services in these respects: it has many good appointments, and presents openings for enterprise, for the greater exercise of professional skill and its practical cultivation, as well as other opportunities for distinction; and the greater proclivity to disease and the uncertainty of life among Europeans in India have tended to invest doctors in that country with more responsibility and power than elsewhere. As regards the navy, dislike to a sea life and its discomforts, and to being cribbed, cabined, and confined on shipboard, forms a special objection. A taste for the sea is generally manifested early in life, and a boy prefers entering the navy as a midshipman to qualifying in the medical profession with a view to the naval medical service. Then, medical officers in the navy were treated badly, and the service acquired a bad name, from the effects of which it has not yet emancipated itself, in spite of all that has been done of late to improve the position of naval medical officers. The condition of the Army Medical Department at the present moment requires no comment; but this much we may say, that the irritation caused by repeated tamperings with warrants, the constant changes, the stagnation of promotion, and the half and half measures that have been adopted, by which the very objects of unification have been defeated, has produced its effects. If we turn to the other branches of the public service what do we find? Appointments in the Civil Service, or in the Scientific Corps and the Line in military life, always attract large numbers of competitors. It is not that these are so much better paid than the medical services, for the reverse is nearer the truth, but the position is a far better one; and it is as true to-day as it was eighteen centuries ago, that man lives not by bread alone. Military officers possess influence everywhere, and are well represented in the House of Commons, and they consequently always obtain consideration; but medical officers have to fall back upon the professional sympathies and support of their brethren in civil life. The medical profession is, however, far different from what it was years ago. It is to-day in a position to assert its rights, and to claim for its members the consideration and treatment that should be accorded to members of other liberal professions. We do not believe that by short service, or any other device, the public services will attract the cream of the schools, but we do think that there will ultimately be a far better opening for young medical men than at present in H.M.'s services, if medical officers only take their stand upon professional grounds as members of a special scientific service, and the profession remains true to itself. It has been suggested to us that the Government might advantageously offer some inducements to married officers to bring up their sons for the Army Medical Department by aiding them primarily in their medical education, and by opening a certain number of appointments annually to the sons of retired military officers.

Annotations.

"Ne quid nimis."

THE BRITISH MEDICAL ASSOCIATION AND THE PROFESSION AT BRIGHTON.

ON Saturday afternoon last, immediately after the funeral of the late Sir Cordy Burrows, the Council of the South-Eastern Branch of the British Medical Association assembled, and, amongst other business, passed a resolution, by a majority of eleven to three, to the effect that, in respect to the memory of the deceased President-elect of the Association, and in deference to the generally expressed wishes of the profession in Brighton, it would be inexpedient in the interests of the Association to hold the ensuing annual meeting in that town or in the South-Eastern district. It will be interesting to see what the Committee of Council will do in this dilemma.

They have once more been told in the most emphatic terms that they are not wanted at Brighton, and at the meeting referred to they were made cognisant of the fact that the members of the South-Eastern Branch had not been unmindful of their mismanagement and impolicy. It would be sheer obstinacy in the Committee of Council to persist in their ill-advised intention, and hey would do well to profit by the sad occasion, and adopt the alternative which we suggested a few weeks ago—namely, to make the death of Sir Cordy Burrows a pretext for postponing till a more convenient season their visit to Brighton. It cannot be expected that they will willingly do this. Indeed, we believe that even during the funeral of the President-elect some members of the Committee of Council were actively engaged in endeavouring to persuade some of the more influential members of the profession in Brighton to withdraw their opposition. To assist them to do so, offers of the Presidency and offers of addresses were made, and abundant promises of concession were given, if only the medical men in Brighton would assume for the nonce the character of friends and hosts. All, alas! in vain.

The real objections entertained by the medical men of Brighton against the British Medical Association will probably never be fully known. It is, however, no secret that a deep conviction has long been entertained that the management of the Association has utterly failed to produce any beneficial result to the profession. Nor is this the sentiment of the medical practitioners of Brighton only; it is widespread and spreading. It is felt that in allowing the Association journal so long to favour the admission of women into the profession, the Committee of Council were not as fully alive to the interests of the profession as they should have been. These evils the medical men of Brighton very properly refuse to overlook. It will be seen, therefore, that the profession in Brighton are acting from *principle* and not from *caprice*, as the organ of the Committee of Council has laboured to represent.

THE PROFESSION AND THE DRINK QUESTION.

THE President of the College of Physicians, we are glad to say, presided, on March 30th, at a conference of medical men and clergymen as to the medical aspects of intemperance, at which many very sensible suggestions were made by various members of the profession. We rejoice in every moderate and consistent protest against drunkenness from men who can lay any claim to representing the profession. We know that some of the best medical practitioners are fearful of taking any part in such a movement lest they should compromise their professional independence, or sanction fanatical or sensational views of this question. We share this feeling to a great extent, but we see very urgent reasons for not giving it too much weight. As medical men we know more than any other persons in the community of the physical evil that is being wrought by the coarse quantities of alcohol which, partly under mistaken notions, are being consumed by all classes of the people. We feel strongly, as we have said before, that a scientific statement of this evil ought to be made by the profession to the Government authoritatively. The very precision which recent labours in physiology and pathology have given to our knowledge will only be an additional guarantee of moderateness and accuracy, and therefore of force, in any statement of the kind we advocate. This is no question of rabid teetotalism, nor of dispute between the pathologist who thinks alcohol does its deadly business through the liver and another who thinks it does it through the kidney. Both these pathologists could agree in a statement that would impress both the public and public men. It is an urgent question both of pathology and of patriotism that needs to be taken out of the region of fanaticism, and faced soberly, if any check is to be given to the demoralising vice of drinking. Whence is this statement to emanate? Clearly from the College of Physicians. The question is perfectly cognate with that of the homes of the working classes, on which the College so happily made a representation to the Government, the value of which as a stimulus to legislation was gratefully acknowledged by the Home Secretary. The College of Physicians represents all branches of medicine. But it represents them too timidly. It will die of dignity and reticence if it cannot identify itself with some of the urgent problems of society and legislation. The President has seen his way to preside over a conference of medical men in Shoreditch on the subject of drinking. All honour to him. Let us hope that his successor will soon see his way clear to calling the Fellows of the College together in Pall Mall to give out a statement on this question.

SCURVY.

WE have to notice the arrival of another ship at a British port conveying a scurvy-stricken crew. The ship in question is the *Emily Flinn*, 160 days out from Moulmein, all the crew, with the exception of the cook, being attacked by the disease. We also learn that cases are still being admitted at the Seamen's Hospital, so that the number admitted last quarter alone exceeds those under treatment during the whole of last year. The question will naturally be asked—What is the cause or causes of this present increase in the number of cases of scurvy? Does it depend on any failure in the supply of lime-juice, either as regards quantity or quality? We think not; in all the cases that have come under our observation lime-juice has been served out regularly throughout the voyage, and no complaints have been made as to its quality by the sufferers. The epidemic character that scurvy often assumes has led some writers to infer that the disease sometimes may arise from more general and widely diffused causes than the deprivation of a special article of diet. We prefer to consider that these causes, however, are predisposing, rather than exciting agents of the disease, which, by impairing the general vitality, render individuals less able to bear the partial withdrawal of vegetable food for lengthened periods than would be the case if these influences were not in action. The direct predisposing causes to scurvy are cold, exposure to wet, close and confined quarters, with rations generally of bad quality and insufficient in quantity. In the instances of the *Royal Sovereign* and *Westridge*, which have come under our immediate observation, these causes played an undoubted part in the production of the disease. In both cases the voyage had been unusually protracted (over 150 days from bad weather), and the supply of fresh provisions shipped to last the out and home passage fell short, so that on board the *Royal Sovereign* only five "fresh messes" were served out during a five months' voyage, and in the case of the *Westridge* no fresh mess was served till after the ship had been three months at sea, and the salt beef was of inferior quality. Lime-juice of good quality was served out throughout the voyage. In these two instances we have no hesitation in stating that the bad weather, lengthened voyage, and general defective provisions neutralised the protective influence of the lime-juice. During the last six months the weather has been extremely trying, passages have been unusually protracted, and this, again, has led to shortcomings in the way of provisions. For the great competition in the shipping trade and the lowness of freights have for some time tempted the less scrupulous shipowners to buy provisions in the cheapest markets and in quantities only sufficient for voyages of average duration; when, therefore, the voyage by

adverse circumstances is unduly protracted, the provisions fall short, and then the crew, suffering in health, unable to withstand the lengthened withdrawal of vegetable food, only partially compensated for by the rations of lime-juice, fall victims to scurvy. It seems, therefore, to us that the Board of Trade regulations require to be extended. The issue of "fresh messes" of standard quantity and quality at least once a week should be insisted on, together with definite weight of "tinned," not dried, vegetables. The possibility of provisions falling short during protracted voyages should be especially guarded against by fixing definitely the quantity of stores that ought to be shipped on every voyage, the duration of which should be estimated at an outside limit. Till these, and, perhaps, other precautions are taken, we feel assured the British mercantile marine will not be free from occasional outbreaks of this entirely preventable disease. The matter is too serious to be dismissed with a contemptuous allusion to bad water and the dirty but over-temperate habits of sufferers. We expect to see Sir C. Adderley called upon to give more serious attention to what, if not promptly checked, must be considered a national disaster.

PATENT FOODS.

IT is very much the fashion in the present day to feed invalids, and especially children, upon foods which are either patent or of secret composition, and which are sold to the public in tins hermetically sealed.

We doubt not that many of these foods are valuable preparations, and we know that analyses of samples have often shown that the contents of the canister are at least harmless. We think, however, that the public have a right to know what is the composition of the article which they are advised to give to their invalids and children, and we wish that the Legislature would enact that all patent compositions should bear a plain statement of their ingredients upon the cover.

"This is sold as a mixture of chicory and coffee," in certain proportions, has become a familiar label, and those who prefer the mixture to the pure article are able to gratify their taste with their eyes open, and if, upon an analysis, they find that the proportions named have not been kept, or that any other ingredient has been put in the mixture, they have their remedy at law. We wish we could see the patent foods labeled in the same way, and we think that in justice to the public they ought to be so labeled.

If the public were informed that the mysterious compounds with the Greek or Latin name or the name of some doctor appended to them were composed of "lentil flour, barley meal, and sugar," or "baked flour and Swiss milk," or "Indian corn, oatmeal, and salt," they would know what they were buying, and it would be possible for medical men conscientiously to recommend them; but as matters stand now, a poor woman may give a considerable price for a canister of potato-starch, ground-rice-sweepings, and sawdust, which has been advertised perhaps under some enticing name and puffing statements, and she has no power of recovery at law. We do not say that such impositions occur, nor have we any particular article in our thoughts while writing this, but it is so obvious that such tricks might be practised, and the temptation to practise them is so great, that we should strongly advise our readers never to recommend or order patent foods for their patients unless the *composition is definitely stated on the packet*. If this were done, children would run no risk of being fed on barmecidal nourishment, and the public would be less willing to pay three-and-sixpence for what perhaps cost fourpence.

"But," some of our readers may say, "I know the composition of such and such a food, and it is admirable stuff, and I always order it." To this we should reply that the composition of one sample may be known, but, as the law stands now, we have no guarantee, unless the composition be stated on each packet, that second samples are like the first. One sample of "Jones's Food" may be made of all that is nourishing and nice, but the second may be fit only to stuff a doll, and yet we have no hold on the astute Jones, who may have peculiar notions on the nutritive value of sawdust and bran. The habit of naming beverages by titles which are no indication of their composition is equally to be reprehended, and if every bottle of wine were certified as having been grown upon the vineyard of a certain proprietor, and shipped from and to a particular port, we should hear less of wondrous vintages which, like the widow's cruse, never fail, and which through all seasons, and in times of war as well as times of peace, are able at a uniform price to supply the British public with a liquor which is uniformly nice or uniformly nasty, according to the taste and fancy of the buyer.

METROPOLITAN SANITARY AUTHORITIES, AND MORTALITY RETURNS.

THE Registrar-General, in his last Weekly Return, calls attention to the fact that certain of the metropolitan medical officers of health are still unprovided by their sanitary authorities with copies of the death register, and are thus placed at a manifest disadvantage in fighting zymotic disease. The sanitary government of the metropolis is in the hands of thirty-nine vestries or district boards, which constitute so many independent local sanitary authorities. Thirty-three of these authorities have made arrangements with the local registrars to supply the medical officers of health each Monday morning with the registered particulars of the deaths registered during the week ending on the previous Saturday night. In many instances daily returns of death from zymotic diseases are also furnished. Six of the thirty-nine metropolitan sanitary authorities have deprived their medical officers of health of the means of efficiently performing their duties, by persistently refusing to pay the registrars for furnishing copies of their death-register. The six local sanitary authorities which are thus, doubtlessly "on principle," endangering the health of their respective districts, are the vestries of St. George, Hanover-square, Clerkenwell, Bethnal-green, and Mile-end Old Town, and the district boards of Holborn and Whitechapel. The cost of the mortality returns to these six sanitary districts of London would average less than £18 per annum, and amount to a little more than £100 in the aggregate, which would be divided among twenty-two registrars in payment for copying and posting the required information. It is matter for surprise that medical officers of health acquiesce in being thus deprived of all knowledge of the particulars relating to the deaths occurring in their respective districts.

THE ARMY MEDICAL SCHOOL.

NOTWITHSTANDING the various disquieting rumours and newspaper paragraphs that have appeared relative to the abolition of Netley, we believe that these rest on no other authoritative foundation than what might have been drawn from Mr. Hardy's utterances in Parliament, to the effect that no successor to Dr. Parkes in the chair of Military Hygiene would be appointed pending the consideration of the subject of the Netley School by the Senate of that institution and the reception of their report. It was obviously a matter of inference from the War Minister's declaration of his short-service scheme that this might have an important bearing upon the Netley School;

but whatever may be Mr. Hardy's intentions, the abolition of the school, as far as the British Medical Service is concerned, would surely be a most premature and imprudent step until the success or failure of his new experiment for recruiting that department has been practically realised. Setting aside all other considerations, and confining our attention to one point, we would ask—where is there a course of instruction at once so special, practical, and good in every way as that of Military Hygiene? and where is there the equal of Dr. de Chaumont in information and experience to act as the successor to the late Dr. Parkes? We should regard it as simply disastrous, and we believe our opinion would be endorsed by everyone qualified to form a correct judgment in this matter, if Dr. de Chaumont were removed from a position where his services are of inestimable value, and relegated to some post or other which could be equally well filled by an officer of ordinary training. All his technical knowledge and work would be dissipated away or altogether lost. We cannot believe that Mr. Gathorne Hardy will do anything so unwise, as far as the interests of the public service are concerned, as practically to deprive the army of the advantages of Dr. de Chaumont's attainments and experience in teaching a special branch of science, some knowledge of which is essential and in daily use. Dr. de Chaumont has made this branch of science—military hygiene—his own, and we firmly believe that there is no one by whom he could be replaced in this respect.

ROYAL COLLEGE OF PHYSICIANS.

ON Monday next the Fellows will proceed to elect a President of the College, and their choice upon this occasion is looked forward to with rather an unusual amount of interest. Since the incorporation of the College in 1518, there has been no exception to the rule that the President has been a graduate of either Oxford or Cambridge, and the last six presidents have represented these Universities with singular regularity of alternation. It is thought by many that the time has now arrived when such a custom will be most honoured in its breach, and there is a strong feeling, we understand, that a graduate either of the University of London or of Edinburgh will be elected to the presidential chair. Between Sir William Gull and Dr. Risdon Bennett, the names most freely mentioned, there is only a difference of two years' standing at the College, and they have both filled the offices of Censor and Councillor. Practically, therefore, it seems likely that the Fellows will only have to decide which of these gentlemen is calculated by his antecedents to reflect the greatest honour upon the College, and present it most worthily before the public. For our part, we trust that in any choice that is made regard will be had to the true interests of the College, which require that it should not be bound down by slavish adherence to its ancient traditions, but should really represent the spirit and progress of the age.

THE LATE DR. PARKES, F.R.S.

AT a time when titles and distinctions are bestowed for services to the State of various kinds—and not always of the most distinguished or meritorious kind—as well as for other reasons, it certainly seemed strange that the unwearied and disinterested labours of a man like Dr. Parkes should have received no titular recognition. Although it is perfectly true that nothing could have added to the honour, estimation, and affectionate regard in which he was held by all who knew him, it is nevertheless a source of public satisfaction that his distinguished services were not unheeded by the Sovereign. It is now known that Her Majesty had signified her intention of bestowing the honour of knighthood on the late Professor of Military Hygiene just at the time of his death. It is to our minds, however, more fitting and consistent with the spirit of Dr. Parkes's life and character, who aimed, with singleness of heart, to do good, and to do it for its own sake, that he should have passed away as he did. Apart from the simplicity and nobility of his character, and apart from the scientific work of various kinds in which he was engaged, his name will always be remembered as one of the great pioneers of sanitary science in connexion with his work, unique in its scientific merit and character, on "Practical Hygiene," and we can well imagine that he would have preferred to have it so.

THE BIRMINGHAM IMPROVEMENT SCHEME.

GRAVE doubts are entertained as to the possibility of the Birmingham Improvement scheme being carried into effect. The sanitary state of the town demands that no private interests, or, as the Mayor pithily expresses it, "private greed," should interfere with the enforcement of the Artisans' Dwellings Act.

The chief objections urged before the Local Government Inspector against the scheme are, that *only* those properties which are in an unsafe or in an insanitary state can be acquired by the corporation by compulsory purchase; that sound properties in an admittedly unhealthy area can only be purchased at a price to be mutually agreed on by the vendor and the corporation; and lastly, that all properties required for the purpose of making approaches to the unhealthy area are not to be dealt with on the principle of compulsory purchase.

The intention of the Legislature must not be baulked by any such selfish and unworthy considerations. The declaration of the medical officer of health that an "area" is unhealthy is all that is required by the Act; it never could have been contemplated by its framers that the Act was not to be enforced because some of the houses in the district happened to be in a sanitary condition; if so, the Act must remain a dead letter, for no corporation will dare to incur the expense of acquiring properties at any fancy prices that greedy owners may set upon them. Individual considerations ought not to be allowed to defeat a plan which has for its object the benefit of the whole of the community.

THE DEATH OF MR. HOPE BARTON.

DEATH from cerebral hæmorrhage in so short a time as a quarter of an hour is very rare, but the death, in the hunting-field, of Mr. Hope Barton, of Stapleton Park, Yorkshire, was ascribed at the inquest to that cause, and, it is probable, correctly. Mr. Barton, who was forty years of age, had been in apparently perfect health. He was a man of thin, spare frame, and looked rather younger than his years. A transient loss of consciousness caused him to fall from his horse; after lying on the ground for a few moments he rose, walked unsteadily thirty or forty yards, apparently conscious, then remounted his horse, but presently fell again, unconscious, became comatose, with a pulse of 105, and died in ten minutes. Such a death is to be ascribed with probability to the rupture of an aneurism on a cerebral vessel. It is a case in which a post-mortem examination would have been well, for it is important that the cause of such rapidly-fatal apoplexy should in every case be ascertained, and however probable the diagnosis of cerebral hæmorrhage may be, it can, in the absence of local cerebral symptoms, only be rendered certain by post-mortem demonstration.

It is unfortunate that even well-informed persons possess

so little knowledge of the proper treatment of an "apoplectic fit." After his first loss of consciousness Mr. Barton drank some brandy, walked a considerable distance, next made the exertion of mounting his horse, and then passed very quickly into a state of coma. If, as is very likely, the cause of death was the rupture of an aneurism, nothing could have averted the fatal result. But effort and stimulants are the usual remedies for a premonitory loss of consciousness. Brandy is good for a faint, and it is therefore good for a fit. Such is the popular argument. It ought to be generally known that the two most essential points in the treatment of a person seized with a fit or loss of consciousness, however slight are—first, absolute rest, to avoid every effort; secondly, to give no stimulant unless the pulse is almost imperceptible. If these measures were adopted in every case of threatened seizure many more lives would be saved.

THE CONJOINT SCHEME FOR ENGLAND.

WE are informed that the delegates from the several medical authorities in England concluded their meetings on Thursday last, and have actually agreed on the terms of an amended scheme, which will shortly be submitted for the consideration of the several universities and licensing corporations in this division of the kingdom. It remains to be seen whether this scheme will be acceptable to the universities and the corporations as it is said to be to their delegates. If so, and if the scheme be a practicable one, the English bodies will gain much credit. Our own faith in such schemes has never been, and is not now, great; but the scandal of the existing state of matters is intolerable, and we shall generously regard any reasonable scheme which provides a good examination, on moderate terms, for conferring a complete diploma.

PROPOSED PHYSIOLOGICAL SOCIETY.

WE understand that on Friday last, 31st ult., a meeting took place at the house of Dr. Burdon Sanderson, which was attended by several gentlemen well known as physiologists, for the purpose of considering the expediency of establishing a Physiological Society. For most purposes the Royal Society renders this unnecessary, but it has often been felt that it would be desirable that those who are actually engaged in biological investigation should be in closer relation with each other than they are at present. The subject was referred to a committee, who will report to a future meeting. Towards the close of the proceedings some discussion took place as to the question of legislation. The general feeling of those present was that of indisposition to take any step in opposition to any measure framed in accordance with the recommendations of the Royal Commission.

SPECIAL DEPARTMENTS.

THE only way to counteract the evil effects upon our medical schools which special hospitals exert by drawing into their vortex an undue proportion of interesting cases of regional diseases or injuries, is for the medical schools themselves to institute special departments of their own. University College has been ever in the van in this matter, and its special departments for diseases of the eye, diseases of the skin, and diseases of women have done much to enable the students of that school to become thoroughly conversant with these departments of medicine and surgery. The council has lately sanctioned a further extension of this principle, and a special department for diseases of the throat and another for diseases of the ear have lately been opened. It is not, however, the intention of the authorities to encourage specialists, whose medicine and surgery are apt to become a little too local in scope, but they intend to give the members of the staff, by turns, opportunities of becoming specially conversant with throat diseases and ear diseases. The junior members of the staff for the time being will have control of these departments, and accordingly Dr. Poore has been entrusted with the superintendence of the throat clinic, and Mr. Barker, the newly appointed assistant-surgeon, has had entrusted to him the treatment of diseases of the ear.

FUNERAL OF THE LATE SIR J. CORDY BURROWS.

THE very exceptional character of this event must be our excuse, if excuse be needed, for recording the obsequies of such a man as Sir Cordy Burrows. He was carried to his resting place, the extra-mural cemetery, a most picturesque spot on the Lewes road, Brighton, on Saturday last, amid the presence of a vast number of sorrowing people. Apart from the *cortège* proper, consisting of an open bier and four mourning coaches, the latter containing Mr. Seymour Burrows, M.R.C.S., the only child of the deceased, with other relatives, about 1000 gentlemen walked in procession, including the Mayor and Corporation, and upwards of thirty societies or guilds; in addition to M.P.s for the county and borough, with a considerable number of medical men, not merely resident, but many from considerable distances.

With one exception, that of a clergyman, the Rev. F. W. Robertson, no funeral has ever taken place in Brighton which has excited anything like so much interest or been so largely attended: for no death has caused such universal regret as that of Cordy Burrows, who was beloved and esteemed by all classes. Of no man can it be more truly said that he lived for others, devoting himself in lavish forgetfulness of personal ease or worldly prudence to the commonwealth of his adoption.

> Multis ille bonis flebilis occidit,
> Nulli flebilior quam mihi!

IRISH WHISKY.

IN spite of our objection to all forms of adulteration, we cannot regret that Mr. O'Sullivan's motion in regard to the blending of Irish whisky in bond was not carried. It appears that a practice prevails extensively in Dublin and Belfast of mixing, in bond, genuine Irish whisky with the highly rectified spirit made, chiefly in Scotland, with Coffey's stills. This practice is, we think, wrongly described as an adulteration. Newly made whisky, even of the best quality, contains too much fusel oil to be other than a fiery and unwholesome drink. When matured by age the greater part of the fusel oil disappears, and the whisky then becomes perhaps the most wholesome of spirits. But age means increased cost, and as long as people will have cheap whisky it is better that they should drink rectified spirit, flavoured with some infusion of the real thing, than the raw and maddening fluid to which they would otherwise have recourse. Good whisky, rightly used, is a good thing; but we can scarcely admit, with Mr. O'Sullivan, that if the Government compelled the manufacturers to keep it a year in bond, "they would confer the greatest benefit they ever conferred upon society." The statement is scarcely a compliment to the Government, for the keeping of whisky could hardly be described, even by the most ultra-Liberal, as the highest triumph of Conservatism.

MEETING OF THE MEDICAL COUNCIL.

WE believe the meeting of the General Medical Council is likely to be held shortly after Easter, so that there may be time for the Council to discuss various questions before the Legislature and the Corporations.

EARL RUSSELL.

WE are glad to be in a position to state that Earl Russell is progressing very favourably, and that, in the opinion of his medical advisers (Sir George Burrows and Dr. Anderson), there is every reason to hope, now that the symptoms have been subdued, that his Lordship will go on satisfactorily. The nature of the complaint renders it, under any circumstances, a distressing one to bear, and a patient of eighty-three years of age does not quickly or easily rally from its effects. Earl Russell has recovered sufficiently, however, to pass into an apartment adjoining his bedroom. The Queen has telegraphed an inquiry from Germany as to the state of the Earl, and a satisfactory reply was returned to Her Majesty.

OBSTETRICS AT THE COLLEGE OF SURGEONS.

AT the meeting of the Obstetrical Society of London on Wednesday evening last, Dr. Arthur Farre, Dr. Barnes, and Dr. Priestley received at the hands of the fellows a hearty and unanimous vote of thanks for the course they had adopted, in retiring from the Midwifery Board of Examiners at the College of Surgeons, in the interests of the science and practice of obstetrics.

MR. SIMON.

A RUMOUR reaches us that the Medical Department of the Local Government Board will lose the services, through resignation, of Mr. Simon, the medical officer to the Board. It is to be seriously hoped that the rumour is premature, although the traditional relations between the Poor Law and Medical Departments of the Board impress it with an unfortunate probability.

DR. CORFIELD, medical officer of health for St. George's, Hanover-square, in his last monthly report, draws the attention of the district vestry to a difficulty experienced by most officers of health in the following words:—"It is my duty again to remind you that on the average one death a week occurs from scarlet fever (not to mention the other infectious diseases), and that I am still deprived of the means of ascertaining, in the greater number of cases, where those deaths occur, and so am unable to stop the spread of the disease by means of infected bedding, clothing, &c., and I have no doubt that the number of cases of such diseases is much increased by the want of due sanitary precautions. Again, after almost every case of enteric fever we are able to point out radical defects in the arrangements of the house and to get them remedied, and so to prevent the disease reappearing. But numerous deaths from this disease have occurred during the past year without my having any knowledge of the localities in which they took place." From more than one quarter we hear of the preparation of petitions praying for such legislative action as shall provide for the evil complained of by Dr. Corfield.

DURING the week ending 1st inst., 11 more deaths were referred to small-pox in Manchester and Salford, in addition to four in Liverpool and two in Bristol. Since the beginning of the year, 108 deaths from this disease have been registered within the city of Manchester and the borough of Salford, in addition to 46 in the Monsall Hospital for Infectious Diseases, which is situated outside the municipal boundaries of the city. That this extent of fatality from small-pox means past or present neglect of vaccination there can be no doubt, but the fact of vaccination or otherwise is stated in only a very small proportion of the medical certificates of the cause of death.

THE half-yearly meeting of the Society of Medical Officers of Health for South Wales and Glamorganshire was held a short time back at Swansea, under the presidency of Mr. T. J. Dyke, of Merthyr. The president delivered an excellent address on the following subject:—"The Medical Officers of Health authorised to be appointed under the provisions of the Public Health Act, 1875: their grades, duties, and spheres of labour." He summed up his remarks by saying that by carrying out the provisions of the Act, by preserving unity of action within county boundaries, by forming districts with well-recognised limits (those limits being conterminous with the confines of one or more unions), by placing the sanitary superintendence of those districts in the hands of one chief medical officer, the causes which prejudicially affect the public health would be discovered and removed. Mr. Dyke also urged that the ancient usage of acting through county authorities should be continued. Later on in the day the members of the Society and their friends dined together.

SCARLET FEVER has been fatally epidemic in Bristol during the past nine months. In this period no less than 559 deaths have been referred to this disease, the annual death-rate from which has been equal to 3·7 per 1000 of the population. During a greater part of this period, scarlet fever was also fatally prevalent in London and some others of the largest English towns, but the death-rate from the disease in London during the most fatal three months of the epidemic did not exceed 1·6 per 1000. During the first thirteen weeks of this year, 149 deaths from scarlet fever were returned in Bristol, against 164 and 246 in the two preceding quarters; the weekly numbers of fatal cases showed an increase during the latter part of March. There is every reason to believe that the intensity of the epidemic in London was reduced by the isolation and treatment of 1375 cases in the Metropolitan Asylum District Fever Hospitals, and it is to be regretted that the Sanitary Authority at Bristol appears to have made no attempt to turn their Hospitals for Infectious Diseases to account for a similar purpose.

WE regret to record the death, on Tuesday last, of Mr. H. M. Evans, the able and courteous secretary-superintendent of the Middlesex Hospital. Mr. Evans, who was but forty-one years of age at the time of his death, had been attached to the Middlesex Hospital for about five years, and, in spite of failing health, he devoted himself with great zeal and energy to the interests of the hospital. His loss will be deeply felt as well by the Board of Governors as by the medical staff, and most of all by those younger members of our profession who, having held resident offices at the Middlesex, were brought into daily contact with him, and learnt to appreciate his worth.

THE annual rate of mortality in London last week was 25 per 1000. There were registered 1696 deaths, including 66 from measles, 19 from scarlet fever, 5 from diphtheria, 112 from whooping-cough, 25 from different forms of fever, and 7 from diarrhœa. It is stated in the last report issued from the General Registry Office that thirty-three vestries or district boards have made arrangements to supply their health officers weekly with particulars of all the deaths in their respective districts.

AT a meeting of medical men residing in Newcastle and Gateshead, held on the 28th ult., under the presidency of Dr. Embleton, it was resolved to form a local branch of the Medical Defence Association. We are given to understand that the want of some such means of repressing unqualified practice has been keenly felt in the district for a long time past.

ACTION will shortly be taken under the Artisans and Labourers' Dwellings Act for improving the town of Wolverhampton. An official representation has been made to the authorities by Mr. Love, medical officer of health, who has indicated an extensive unhealthy area under the Act, the sanitary defects of which are irremediable, except by a scheme for demolition of most of the houses with a view to a re-arrangement of dwellings and a reconstruction of streets. Much of the property is totally unfit for human habitation, and so dilapidated as to become mere receptacles of offal and filth, giving rise, as is pointed out in the "representation," to dangers of the most serious nature. A map has been prepared of the condemned area, which is situated in the eastern portion of the town, and we may hope to hear very soon that the work of demolition and re-construction has been effected. It strikes us that, as a rule, there is a strange reluctance in applying the provisions of the Artisans' Dwellings Act.

THE various societies founded in France for the protection of infant life have proposed to hold a congress in Paris on the 19th and 20th instant. The object of the congress will be to state the general prosperity of the institution and the good that it has been the means of accomplishing in preventing waste of life amongst children. Furthermore, the congress will have to discuss various questions of practical interest, such as (1) the advisability of granting a certain sum of money to deserving wet-nurses; (2) whether the establishments for wet-nurses in Paris and elsewhere do not exert a certain influence in preventing nursing by the mother; (3) what are the acute or chronic maladies which prevent suckling? (4) infantile syphilis and its connexion with suckling.

IN reply to a question by Mr. O'Leary, in the House of Commons, Sir M. Hicks Beach said a meeting of the Dublin medical officers of health had been held to consider the sanitary condition of the city. The opinion expressed at the meeting was, that the high death-rate recently prevailing in Dublin was mainly due to an increase of diseases of the respiratory organs. Of 230 deaths in the past three months, which were in excess of the average of the corresponding quarters of the previous ten years, 175 were referred to pulmonic affections. The mortality from the zymotic diseases was below the average for the last decade. No special recommendation was made by the meeting.

WE have to record with regret the death of a distinguished young professor of one of the Italian universities —Dr. Giuseppe Giannuzzi, of Sienna. He was Professor of Experimental Physiology, and had already conducted various series of important experiments in his laboratory, on subjects mostly connected with the nervous centres. He had studied physiology in Paris with Claude Bernard, and had published valuable papers on the nervous system of the bladder and on transfusion of blood.

THE contest for the post of obstetric physician to the Liverpool Royal Infirmary took place on Thursday last, when Dr. A. B. Steele was elected by a large majority. The names of the candidates together, with the number of votes obtained by each, were as follows:—Dr. Steele, 226; Dr. Imlach, 91; Dr. Finegan, 71; and Dr. Bennett, 33.

THE subject "Are Subterranean Sources of Water-supply the Cause of Enteric Fever?" will be discussed at a meeting of the Social Science Association, on Monday evening next, when Mr. Baldwin Latham, C.E., will read a paper. Professor D. T. Ansted, F.R.S., will preside.

M. POTAIN, Deputy Professor of the Faculty of Medicine at Paris, has been appointed Professor of the Theory and Practice of Medicine, in the room of M. Hardy, who has been called to another chair. M. Parrot, deputy professor, has been entrusted with the chair of the History of Medicine and Surgery, rendered vacant by the death of M. Lorain.

REPORT
OF
The Lancet Sanitary Commission
ON THE
CONDITION OF COMMON LODGING-HOUSES.

No. II.

WHITECHAPEL is undoubtedly the most forlorn district of London, so far at least as the inmates of the common lodging-houses are concerned. There was a daring brutality of expression amongst many lodgers in the Mint, which, though suggesting the presence of dangerous criminals, at least testified to a certain amount of physical vivacity. At Whitechapel semi-starvation seemed to be the main characteristic. Groups of men, evidently out of work, were often seen huddled round the kitchen fire, dull-eyed and hopeless, scarcely troubling themselves to look up as we entered, as though the chances of help coming to them were too remote to be thought of. In the poorest places there were but few traces of cooking, but, with the invariable instinct of the half-starved, the poor creatures were endeavouring by external heat to make up to some extent for the insufficiency of their food.

There are thousands of men and women in London who have so completely lost all energy and hope that they no longer care to struggle even for their daily bread. Threepence for a night's lodging, as the police will not allow them to sleep in the street, a little drink to drown care, with bread and an occasional herring, is about all these unfortunate creatures will really fight to obtain. When this minimum want is satisfied, they prefer idling about like the lazzaroni, though they have not the excuse of an Italian sky, and must content themselves with the heat and unhealthy atmosphere of the common lodging-house kitchen. In a climate like ours, this underfed population requires far more heat than we do, and it is difficult to argue on the advantages of ventilation with people whose only chance lies in keeping warm. In vain are new systems of ventilation introduced; the shivering lodgers generally find means to close up the apertures so as to preserve warmth in their dormitories, and probably under similar circumstances we should do the same. Some lodging-house keepers adopted the well-known contrivance of inserting a sheet of perforated zinc in the upper part of the window, and this, in conjunction with the chimney, ensured fair ventilation; but the lodgers who had to sleep under these windows complained so vigorously that it was necessary to contrive a new system. The box-ventilator is now pretty generally used, which consists of a piece of wood which slants at an acute angle from the window into the room, thus sheltering the bed underneath, but leaving an aperture above for the air to enter. Even this contrivance sometimes fails in its purpose, for we found on several occasions that susceptible lodgers had thrust their bolsters or clothes down the opening, and thus successfully excluded the fresh air.

Notwithstanding the resistance of the inmates, the greatest efforts are made by the police and the lodging-house keepers to provide fresh air. Thus, at a house in

Wentworth-street, we noticed a room, registered to hold ten persons, which contained two windows and two fire-places. A vent above the mantelpiece had been constructed, while about two inches of glass had been cut away from the top of one of the window-panes. The door also was taken off its hinges and removed altogether, so that fresh air came in from all sides, and we could not wonder that the lodgers complained of the cold. It should be noted, also, that no fires are ever lit in these bed-rooms, and the fireplaces are used solely as means of ventilation, so that the lodgers constantly suffer either from excessive draughts or from the foul air which is generated when they have succeeded in defeating the precautions of the authorities. Many of these lodging-houses consist of old private dwellings built two and in some cases even three hundred years ago; and though much energy and ingenuity has been displayed in improving their sanitary condition, nothing really satisfactory will ever be accomplished till they are entirely destroyed and rebuilt. This has actually been accomplished in several cases, and notably at 55, Flower-and-Dean-street. Each of the four floors of this new house consists of one large dormitory, capable of holding forty lodgers. Besides seven large windows to admit the sun and air by day, no less than twelve ventilators were inserted in the brickwork, which, being near the ceiling, cause but little draught and cannot easily be stopped up. The bedsteads in this, as in most other lodging-houses, are either second-hand, iron, military ones, or small wooden bedsteads constructed on purpose. The latter are the cheapest, but are more difficult to keep clean. Worn-out military blankets, patched in the oddest manner, and small sheets compose the bed-clothes, and these are marked all over as being "property stolen" from the lodging-house. This precaution, however, does not prevent frequent and severe losses, and the lodgers who have sores do not scruple to tear up the blankets and sheets to make bandages.

In one house we witnessed the process of washing the sheets, which was anything but satisfactory. They were washed, hurriedly dried before the fire, and placed back again on the beds the same night; and, but for their damp condition, the uninitiated would hardly have known that they had been washed at all. It has often been suggested that the sheets should be washed in the country, but there are few laundresses who would care to undertake such work, nor many lodging-house keepers who possess a change of sheets. At the same time, the present process is most dangerous. More than forty sheets had been hastily washed, and some women were attempting to dry them all before one single fire, when we surprised them at the work. They were all to be replaced on the beds that same day. We carefully examined some of the sheets which were folded and put aside as finished. They were thoroughly damp, and, despite the washing, anything but clean. The facilities for personal ablution might be improved in many houses, for the number of basins is often too small. There are sometimes no towels at all, and rarely, if ever, a sufficient supply. On the other hand, however, there is usually a constant water-supply, which is an important advantage. Here and there, it is true, the water is still collected in tanks or butts, and these, as a rule, are situated either above or by the side of the closets. It is, of course, argued by some that no evil can result from this proximity if the water is carefully covered over, and sheltered from contact with the air. But this is not always the case, though the inspectors try to enforce the rule. One house we visited had the boards broken and deranged which should have covered a large and shallow tank placed above the closets, and from whence the supply of drinking and washing water was derived. Some men, it appears, clambered over the yard wall to escape from the police, who had pursued them into the house at the back. From the wall they leaped on to the tank, and from the tank into the yard of the lodging-house, through which they escaped into the street in front. The house at the back, we were further informed, is a favourite refuge for persons flying from the police. Youths are constantly leaping over the wall, sometimes for fun, sometimes to escape the stern grip of the law, but always to the great detriment of the tank and the boards that are supposed to keep the water pure.

The closets, we have already remarked, are not always as numerous as they should be, but those that came under our notice in the Whitechapel district were kept clean. In one house, 60, Wentworth-street, the position of the closets should be immediately altered. For seventy-one lodgers, both men and women, there are only three closets, and these are situated in a sort of washhouse, adjoining the common room, and within the house. Immediately above the closets is a dormitory with boards so worn and broken that it is easy to see through the chinks in the floor, and the foul odours can thus freely enter this sleeping compartment. Other houses in this street did not present this grave danger, but many of them seemed unduly crowded.

At the same time we must frankly confess that it is easier to find small faults than to suggest general remedies. The keepers of lodging-houses are not situated like governors of hospitals and similar institutions. They have to make their living out of the business; they often begin with very limited capital, and generally pay very high rents for the houses they occupy. The police inspectors therefore display as much consideration as possible, and, now that the law is well known, do not enforce it by prosecutions till all means of persuasion have been exhausted. On the other hand, in cases of urgent danger, the police seem to act with promptitude and rigour. Cases of contagious diseases are, on the order of the medical officer, immediately reported and removed, and thorough disinfection carried out. To show the system enforced in such cases, we copy one of the reports recently received at Scotland-yard from one of the divisional sergeants. After giving the address of the lodging-house, the report continues as follows:—"At eleven A.M., March 1st, information was received that ——, aged 21, was taken ill of typhus fever. I visited the house at twelve P.M. the same day, and found Dr. ——, medical officer of the union, had attended and recommended the removal of the man to the Fever Hospital, where he was taken by the parish authorities in their cab. Dr. —— recommends the whole of the lodgers to be removed, and the room to be closed for three nights. The disinfecting process as directed by the regulations I saw carried out." This report is confirmed by a letter from the sanitary inspector of the district, acting under the local medical officer of health, and it is not till this double documentary evidence has been received that the authorities at Scotland-yard allow the matter to rest and the lodging-house to be reopened. We were further assured that no second case of infection is known to have occurred in a room where the disinfecting process had been carried out.

Lately some alarm was caused by several cases of enteric and typhus fever, which were traced to common lodging-houses of the Whitechapel district. Mr. John Liddle, as the medical officer of health for this district, reported somewhat unfavourably of these lodging-houses, and mentioned several places where less than three hundred cubic feet of air were allowed per bed. On visiting these, and also some of the houses where fever cases had occurred, we were glad to find that a number of beds had already been removed, so as to allow more space to those that remain. In this matter, however, it must be admitted that the police are placed in a somewhat difficult position. Dr. Gibbon, in his report on the Holborn districts, when alluding to common lodging-houses, says—"As regards the maintenance of health, I attach but little importance to the amount of space in each dormitory. The question of most importance is the amount of ventilation. A person can be poisoned by his own breath as surely, if not as rapidly, in a large room as in a small one. With the abundance of ventilation that is provided in nearly all the dormitories of these lodging-houses, I am of opinion that 250 cubic feet of space to each person is quite sufficient for the maintenance of health." Mr. Liddle, on the other hand, insists not only on 300 cubic feet, but, in his measurement, will not make any allowance for rooms that are higher than 8 ft. 6 in. Finding the medical officers at variance, the police have adopted a middle course, and seek to obtain as much space as possible for the lodgers without being over-severe with the lodging-house keepers. Besides it must also be borne in mind that the beds are rarely occupied all at once. In all refuges the space allowed varies from 268 to 425 cubic feet, which is practically the same as in the common lodging-houses.

Mr. Liddle deserves great praise for the improvements he has been the means of introducing into the common lodging-houses of his district. We have seen that they are even now by no means perfect, but we very gladly admit

that they are in a much more satisfactory condition than might have been expected.

According to the Metropolitan Police Report for 1874, only sixty-nine deaths occurred in the lodging-houses under their supervision. Out of this number there were fifty sudden deaths, and twenty-four deaths from infectious diseases. The latter included one death from small-pox, four from measles, four from itch, four from scarlet fever, four from continued fever, and seven from typhus fever. During the previous year fifty-five persons died in these lodging-houses, twenty-eight from fever and other contagious diseases, and twenty-five from less dangerous complaints, and this in a densely populated area comprising a hundred and twenty-two square miles. To preserve cleanliness and maintain good ventilation, the police paid no less than 127,000 visits to the registered lodging-houses of the metropolitan district during the year 1873. The number of these visits was increased to 128,000 in 1874, and the total number from the passing of the Act of 1851 to the last report is stated as 3,755,640.

It cannot be doubted that but for the constant pressure of the police sanitary inspectors, and the zealous co-operation of the medical officers of health, the lodging-houses would soon relapse into the disgusting and dangerous condition which the Act of 1851 was intended to reform, and altogether it is evident that that beneficent law has, on the whole, been ably carried out in the metropolitan district. We have found it necessary to point out a good many serious defects in the common lodging-houses of London, but when we compare even the worst of them with the crowded, filthy, dilapidated, and often pestilential "homes" by which they are surrounded, we cannot but admit their superiority, and are constrained to wish that the parish authorities were even one-half as energetic as those of Scotland-yard in carrying on the work of sanitary inspection.

THE ORGAN OF CORTI IN MAMMALS.*

THIS paper was divided into three parts—I. the Structure; II. The Innervation; III. The Development of the Organ of Corti; followed by a brief allusion to its function.

PART I. This apparatus, the essential portion of the cochlea, was shown to consist of the following delicate structures: (1) the rods of Corti; (2) the ciliated or hair-cells; (3) certain nuclear cells; (4) the supporting cells; (5) the membrana reticularis; (6) the membrana tectoria. The *rods of Corti*, which the author described in a former paper to the Royal Society, are arranged in two rows, an inner and an outer, with their upper extremities in close contact, but separated by a considerable interval below. They stand almost in the centre of the organ of Corti, and on either side are situated the various cells; above, and closely adherent to them, is the membrana reticularis, and above this again lies the thick membrana tectoria.—The *hair-cells* are columnar in form, and have a row of four bristles projecting from their summits. There are four rows of these cells, one of which is to the inner side of the rods.—The *nuclear cells* include those of Claudius and Deitus; they consist of a distinct nucleus with an irregular amount of surrounding protoplasm, and are all connected with nerve-filaments.—The *supporting cells* bound the organ on either side.—The *membrana reticularis* is a fibrous network covering the rods and hair-cells, the bristles of the latter projecting through its meshes.—The *membrana tectoria* is a thick layer of firm mucus.—All the parts forming the organ of Corti vary in size in the different parts of the lamina spiralis, increasing regularly from base to apex. Thus, the rods elongate, the cells increase, and even the bristles of the hair-cells become longer.

PART II. The nerve-fibres run through the lower lamina spiralis, and, piercing the upper surface of the lower lip of the sulcus spiralis, enter the organ just internal to the rods. From this point the filaments pass in two groups to the cells on the inner and outer sides of the rods, and terminate in the hair-cells and nuclear cells.

PART III. *The development.*—The organ of Corti is developed from some of the epithelial cells which line the whole of the ductus cochleæ in early fœtal life. Five of these, which are columnar in shape—termed by the author the primary cells,—form the chief portion of the organ. The rods and membrana reticularis appear to be developed from the walls of these cells; the hair and nuclear cells form the contents of these primary cells; and the membrana tectoria is a secretion from them.

In discussing the function of the organ of Corti the author appears to agree in the main with Helmholtz's view, although he admits that there are serious objections to it; for he considers it highly improbable that the rods and the rest of this structure should be so beautifully graduated for no purpose whatever, as many are inclined to believe.

In conclusion he stated that he had now examined the cochleæ of the following mammals: man, monkey, sheep, dog, cat, rat, guinea-pig, rabbit, porpoise, and kangaroo; and that the only difference of importance in the various organs of Corti is a peculiarity which, curiously enough, is only found in men and monkeys. In these, about half-way up the spiral, a fifth row of hair-cells appears, and near the apex a sixth.

* A paper read at the Royal Society, March 2nd, 1876, by URBAN PRITCHARD, M.D., F.R.C.S., Lecturer on Physiology, King's College, London; Surgeon to the Royal Ear Dispensary.

THE PRINCE OF WALES'S TOUR.

WE are in possession of information extending from Feb. 27th to March 27th regarding the Prince of Wales's eastern tour, now rapidly drawing to a close. Details in connexion with the progress of H.R. Highness's journey in pursuit of game—large and small—and the success attending it, make up, of course, a considerable portion of our correspondent's communications. The Prince and suite, while in camp in the Terai, enjoyed excellent health, but did not meet with much sport in the Kumaon Terai, as it was too early for tigers. After crossing the river Sarda into Nepaul, the sport soon began to improve. On one day, whilst the Prince was in Sir Jung Bahadoor's charge, seven tigers were killed, six falling to His Royal Highness's rifle alone, not to mention leopards and bears. Our correspondent, alluding to the hunting of the wild elephant, states that fourteen had been captured, a large male tusker having afforded great sport on one occasion—the occasion, by the way, on which Sir Joseph Fayrer's sport was somewhat marred by his Arab going head over heels at full speed into an elephant pit some eight or ten feet deep. Neither rider nor animal was much hurt, but the fall strained Sir Joseph's right hip and tore a few fibres of the fascia over the adductor muscles, which prevented him from riding again for a few days, otherwise his health has been excellent; indeed, the same may be said of all. The out-door life and the excitement and exercise of hunting had a very beneficial effect. The camp, which was very large, was healthy, which was mainly attributable to the supervision and capital management of Surgeon-Major Dr. Kellet. There were some 2000 followers, over 500 camels, and 150 elephants; and Sir Jung, encamped near, had about 800 elephants, and men innumerable, but they were spread out over miles on the forest, and sheltered in bough huts; the scene being described as most picturesque and wild. The Prince and his party made a run up to Nynee Tal, and were there a night, and had a fair view of the distant snows of the Himalayas. It was not so cold as anticipated, and all enjoyed it very much. It was a curious fact that there was frost and ice half an inch thick in the camp at the foot of the hill at Barrainee on the night that the Prince's party were at Nynee Tal, 7500 feet higher, where there was no ice. The temperature increased during the Prince's stay in the Terai, although it was cold at night, the thermometer going down to 40° or 44° F., from being 80° F. in a tent at 11 A.M. This Terai ("tur," moist) is a wild tract of forest and grass land, healthy enough at the time the Prince was there, but very bad after May and up to December or January. No one except a few wandering tribes of Taroos and Bunjaras can live in it. Certain parts are beginning to be cultivated, but most of it is used for grazing cattle during the healthy season, after which men and cattle desert it, and leave it to tigers, elephants, &c.

His Royal Highness enjoyed splendid health in the Terai—strong, energetic, and full of vigour. Game of all sorts abounded. Our correspondent writes:—"His Royal Highness is sunburnt, and rather slighter than he was. He rides, hunts, and shoots right well, and I think enjoys the sport and the circumstances attending it greatly." Our last communication from Cairo, of 27th ultimo, refers to the Indian part of the Prince's travels as being over, and his Royal Highness homeward bound, "in first-rate health; so are all the suite, and so are the elephants, tigers, bears, &c." The Prince, after going to Alexandria, proceeds to Malta, then to Gibraltar, where great preparations are being made for his reception, and it is expected that his Royal Highness will be in this country somewhere about the 10th of May. There is now no room for any reasonable doubt that the Prince of Wales will return altogether stronger and in better health than when he first set out; and as to the tour itself it has been a great success, and will, it is confidently expected, prove, in a political respect, of great advantage. We cannot but feel that Sir Joseph Fayrer has had a most arduous, responsible, and anxious task, and he is specially to be congratulated on having had the courage of his opinions, in resisting pressure from without and in advising the Prince so faithfully and skilfully as he has done. Now that we know from official returns how great and extensively cholera prevailed in certain districts in India, it is abundantly evident that Sir Joseph Fayrer was perfectly right in the judgment he exercised.

ROYAL MEDICAL COLLEGE, EPSOM: ANNUAL DINNER.

THE annual dinner of the Royal Medical College was held on Thursday, March 30th, at Willis's Rooms; the Earl of Egmont in the chair. The meeting was a most pleasant one socially, whilst from the long list of additional subscriptions announced by the secretary, Mr. Freeman, during the evening, we hope that it was also a financial success. The noble Chairman made an eloquent appeal on behalf of the charity, and Mr. Henry Hancock, the Treasurer, strongly recommended the claims of the orphans and widows of our profession to universal sympathy. Mr. Hird dwelt on the excellent system of education carried out at the College, and especially on the great encouragement given to the study of scientific subjects. He also pointed with pride to the increasing success of the scholars in the various examinations at the Universities, at the Civil Service, and elsewhere, on leaving the school. The health of the Head Master, Rev. Dr. West, was most enthusiastically received, and that gentleman, in responding to the toast, paid a graceful compliment to his colleagues at the College for the efficient manner in which they had seconded his efforts to make the teaching of the school complete. Dr. West also alluded to the physical education of the boys, and stated that though cricket was not their strong point, owing to the unfavourable nature of the Epsom ground, they more than held their own at football. He concluded by making a special appeal of his own for subscriptions towards building a fives court, which is greatly wanted. We hope the generous members of our profession will respond to this appeal, and enable Dr. West to erect a court before the commencement of the next fives season. We may add that fives is one of the few games that exercises the upper as well as the lower limbs, and ought therefore to be encouraged in every school. We were glad to hear from Dr. Jones and Dr. Barnes, the medical officers, that the school has been free this half-year from zymotic disease, and we hope, now that the system of supervision which they suggested is to be carried out, that the health of the school will be generally improved

UNIVERSITY OF CAMBRIDGE.—Professor Humphry has given notice that his course of lectures on the Muscular System of Man and other Vertebrates will commence on Wednesday, May 3, at 1 P.M., and be continued on Wednesdays and Saturdays. Members of the Anatomical class and students not requiring certificates may attend without fee.

Correspondence.

"Audi alteram partem."

MEDIAN LITHOTOMY.

To the Editor of THE LANCET.

SIR,—"The median operation having been almost entirely discarded by most of the London surgeons," I, who occasionally perform it, am much gratified by the perusal of the statistics of this operation undertaken by the surgeons to the Leicester Infirmary, and heartily congratulate them on the results obtained.

With regard to the selection of a method of lithotomy by an individual surgeon, I believe this will often depend upon his education—i. e., the method which he has been in the habit of witnessing, or which it has been his custom in early life to adopt. Hitherto I have been in the habit of selecting for the median operation patients in whom I believed the stone to be comparatively small. The result, therefore, of the practice of the Leicester Infirmary is the more worthy of attention and possible adoption, as the twenty cases recorded, with only one death, were not selected. It may be said, and perhaps justly, that the experience of twenty cases is not sufficient for the establishment of a rule of practice; but although the result of only twenty cases is recorded, yet the antecedents of this operation were so favourable as to lead to its invariable performance during the years 1874 and 1875.

One circumstance which gives me a liking for this operation has not been noticed by Mr. Joseph Hunt, but is thus mentioned by me ("Operative Surgery," 2nd edition, p. 353):—"In more than one instance in which the author has performed this operation there has been perfect control over micturition throughout the period of recovery, and the patient enjoyed the luxury of a dry bed." This great desideratum, coupled with the experience of the Leicester Infirmary, published in THE LANCET of last week (March 18th), will, I trust, induce lithotomists to reconsider the method of operation.

I am, Sir, &c.,

Queen Anne-street, March 19th. C. F. MAUNDER.

To the Editor of THE LANCET.

SIR,—In relation to the interesting series of lithotomy cases at Leicester, published in your "Mirror" on March 18th, will you allow me to offer a single remark? It is impossible to draw trustworthy conclusions from statistics of lithotomy operations if the cases of children are mixed up with those of adults, as the operation is totally different in its results at the two extremes of life. It is impossible, in the interests of accurate surgical knowledge, to be too particular in relation to this matter. Thus, of the twenty operations reported, no less than thirteen were those of children, and of course without any death; while seven were those of adults, with one death. The inference drawn in the report is, that one death in twenty cases of stone showed a mortality of five per cent.; while the only legitimate inferences are, that, during the period named, seven adults had been operated on by lithotomy and one had died, and, further, that fourteen children had been cut without a death.

Of course, this number of adults is too small to afford any trustworthy inference, but, if it proves anything, it shows a mortality much greater than that which lithotrity on adults affords. But if small numbers are to be adduced, the following facts, although much more numerous than those of the report, ought to be contributed towards the solution of this question. Since I have had the pleasure of assisting Sir Henry Thompson, that is a little more than the last fourteen months, I have held the staff for him in every case where he has performed lithotomy (lateral), comprising a series of eight adult males, one being eighty years of age. Every one of these made a good recovery, and (except one who recently died at seventy, a year after operation) is living at the present day. But during that time I have also assisted him in every operation of lithotrity, comprising a series of thirty-six adult males, averaging not less than

sixty years of age. Of these all but three are living at this day. Two of the three died immediately after operation, one of pyæmia, and the other of renal disease; the third died soon after he reached home, so that of these forty-four adult males forty-one recovered, and forty are living now.

I leave your readers to judge whether the above statement has not a most important bearing on the question of treating adult cases of calculus (for about children there can be no difference of opinion), and whether it does not show that a judicious combination of lithotrity and lateral lithotomy offers the most successful results that have ever been achieved.

I am, Sir, your obedient servant,

Bulstrode-street, March 20th, 1876. G. BUCKSTON BROWNE.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the Primary examination in Anatomy and Physiology, at meetings of the Board of Examiners, on Monday, Tuesday, and Wednesday last:—

Alfred Patron, Montpellier; H. L. Gilbert, St. Thomas's Hospital; W. D. Wilkie, Melbourne; V. G. Webb, Glasgow; C. B. Carter, St. George's Hospital; W. W. Edwards, St. Mary's Hospital; J. E. Gofton, W. J. Sweet, C. M. Goyder, and I. M. Young, Newcastle-on-Tyne; H. Leak, W. L. Child, A. E. Chambers, and C. R. Graham, Manchester; D. B. Fraser and M. M. Tucker, Toronto; H. J. Skelding, A. D. Blaiksder, and W. F. Scott, McGill College, Toronto; A. Swann, J. H. Vinrace, G. J. Lloyd, S. A. Welch, and T. L. Hall, Birmingham; W. H. Owen, T. M. Porter, T. H. Beckerton, and C. E. Steele, Liverpool; G. Carter, E. C. Thompson, Perry Close, and J. D. T. Beckitt, Leeds; W. E. L. Batty, Liverpool; B. C. Birch, A. W. Cadman, F. Wilson, J. Deakin, W. F. Chadwick, J. T. Faulkner, and John Hodgson, Manchester; W. M. Ball, W. L. Batson, C. J. Bamber, G. H. Patterson, N. W. Bourns, A. W. Graham, C. J. Vlieland, C. B. Lockwood, and G. W. P. Dennys, St. Bartholomew's Hospital; G. B. W. Messum, J. F. Tabb, M. J. Hart, E. J. Morley, T. W. Fuller, B. Parry, and A. E. Mayland, Guy's Hospital; R. P. Smith, M. P. M. Collier, J. L. Hall, W. E. Woodman, H. J. Michael, G. A. Macdonald, and J. Shaw, St. Thomas's Hospital; G. H. Hetherington, H. Pearse, M. A. Smale, St. Mary's Hospital; F. B. Fisher and G. A. Batchelor, London Hospital; A. A. Lendon, J. S. N. Boyd, and B. Pollard, University College; L. A. Hine, A. S. McCausland, E. A. Fardon, and J. McDougall Stewart, Middlesex Hospital; H. Elliott, Westminster Hospital; R. Margerison, F. N. Ozanne, E. Jennings, and W. A. Shann, St. George's Hospital; L. P. Cox, V. Matthews, and C. E. Baddeley, King's College; and J. M. Atkinson.

Of the 165 candidates admitted to the recent preliminary examination for the diploma of Member and Fellow of the Royal College of Surgeons, 69 passed for the membership and 29 for the fellowship; the remainder were unsuccessful. The result has been communicated to all the candidates. The next preliminary examination will be held in September.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on March 30th:—

Berdoe, Edward, Victoria-park-road.
Boodle, George Adolphus, St. George's-road, St. John's-wood.
Capon, Herbert James, St. Bartholomew's Hospital.
Clark, John George, West Hartlepool.
Griffiths, Gilbert Saunders, Argyll-road, Kensington.
Prideaux, Thos. Engledue Peganius, Glanville-place, Blackheath.
Sellon, John William Gore, Budleigh Salterton, Devon.
Smith, William Henry, Sibsey, Lincolnshire.
Stelfox, John Bridcoake, Middleton, near Manchester.
Thompson, Edmund John, Appleby Magna, Leicestershire.

The following gentlemen passed the Primary Professional Examination on the same day:—

John Alexander Brown, King's College; Ernest Langwith G. Gamble, St. Thomas's Hospital; Cæsar Frederick Hawkins, London Hospital; John Cordy Keer, Guy's Hospital.

PROF. ANDREWS, of the Queen's College, Belfast, will, we understand, be the President of the British Association for next year.

HER MAJESTY has graciously sent an annual subscription of 100 guineas to the Seamen's Hospital (late *Dreadnought*), Greenwich. The Mercers' Company have given a donation of 50 guineas, and Henry Green, Esq., of Blackwall and Brighton, has expressed his desire to help the good cause by assisting the committee to raise the £5000 for which they have just appealed through the Lord Mayor, and has offered to contribute £100, providing nine others will give a like sum. Communications should be sent to the secretary at Greenwich.

Medical Appointments.

ANDREW, G., L.R.C.P.L., M.R.C.S., has been appointed House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth, vice Gibbs, resigned.

APPLEBY, F. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the Sutton-upon-Trent District of the Southwell Union, vice Buckley, deceased.

BIRD, P. H., F.R.C.S.E., S.Sc., has been reappointed Medical Officer of Health for the Blackpool, Fleetwood, Kirkham, and Lytham Urban Sanitary Districts to the 29th September.

BROWN, Dr. J. C., has been appointed Public Analyst for Lancashire: £300 per annum, 6s. for each certificate, and reasonable travelling expenses when required to give evidence.

COCKERDON, T. A. J., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Hindon District of the Tisbury Union, Wilts, vice Young, resigned.

COOMBER, F., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Fakenham District of the Walsingham Union, Norfolk, vice Damant, deceased.

ETHERIDGE, G. E. F., L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the newly-formed Knightwick District of the Martley Union.

FROST, W. A., L.R.C.P.L., M.R.C.S.E., has been appointed Resident Medical Officer to the Kensington Dispensary, vice Snell, resigned.

FURLONG, N., L.K.Q.C.P.I. and L.M., L.R.C.S.I., has been appointed Medical Attendant to the Royal Irish Constabulary at Enniscorthy and Oylgate, vice O'Rourke, deceased.

GEORGE, J. W., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the newly-arranged Leigh District of the Martley Union.

HALL, J. G., M.B., C.M., has been appointed a Medical Officer to the Aberdeen Dispensary, vice Paterson, retired.

HENDY, W. J., M.R.C.S., has been appointed Surgeon to the Chelsea, Brompton, and Belgrave Dispensary.

HILLMAN, J., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer for the Wolverley District of the Kidderminster Union.

HODGES, G., has been appointed Medical Officer and Public Vaccinator for No. 2 District of the Bridgnorth Union, vice Davis, deceased.

HUGHES, E. T., L.R.C.P.Ed., L.F.P.S.G., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Odd Fellows, Holyhead, vice Roberts, deceased.

KERR, G. E., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Plumesgate Rural Sanitary District, vice Ling, whose appointment has expired.

KNIGHT, A. A. H., M.D., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Keswick District of the Cockermouth Union, vice Tweddle, deceased.

LESLIE, L. G., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for No. 3 District of the Narberth Union, and Medical Officer of Health for the No. 2 Sub-district of the Narberth Rural Sanitary District, vice Newsam, deceased.

MCCABE, Dr., of the Dundrum Lunatic Asylum, has been appointed a Medical Inspector under the Local Government Board, Ireland.

MACNAMARA, Prof. R., has been elected Surgeon to the Lock Hospital, Dublin, vice Morgan, deceased.

MILLSON, G., M.R.C.S.E., L.R.C.P.L., Medical Superintendent of the Hampstead Asylum, has been appointed Medical Superintendent of the Northampton County Asylum, Northampton.

SCHÖN, J. E., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for No. 4 District of the Bridge Union, Kent, vice Browning, resigned.

SELLS, C. J., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Guildford Union Workhouse, vice Eager, deceased.

SMALLEY, H., M.R.C.S.E., L.R.C.P.L., has been appointed Assistant-Surgeon to H.M. Convict Prison, Chatham, vice Mayhew, transferred to H.M. Prison, Pentonville.

STEAD, H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Saffron Walden Union Workhouse, vice Welsh, resigned.

THRESHFIELD, W. N., M.D., M.R.C.S.E., has been reappointed Medical Officer of Health for the Atcham, Bridgnorth, Church-Stretton, Cleobury-Mortimer, Clun, Pordes, Ludlow, Madeley, Newport, Shiffnal, and Tenbury Rural, and Much-Wenlock and Tenbury Wells Urban, Sanitary Districts, at £900 per annum.

WATSON, W., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Lancaster Urban Sanitary District, at £50 per annum.

WHEELER, W. McN., M.D., M.R.C.S.E., has been appointed an additional Physician to the Hospital for Diseases of the Throat, Golden-square.

WILLIAMSON, W. H., M.B., C.M., has been appointed Surgeon-Dentist to the Aberdeen Dispensary.

Births, Marriages, and Deaths.

BIRTHS.

ADAM.—On the 30th ult., at Caterham, the wife of James Adam, M.D., of a daughter.

DAVIS.—On the 29th Feb., at Coimbatore, Madras Presidency, the wife of Surgeon-Major Wm. Farquhar Davis, M.D., F.R.C.S., of a son.

FAIRBANK.—On the 28th ult., at Moulsey House, Windsor, the wife of Thomas Fairbank, M.D., of a son.

GODWIN.—On the 30th ult., at Alexandra-road, Norbiton, the wife of Charles H. Y. Godwin, L.R.C.P.L., Army Medical Staff, of a son.

HALDANE.—On the 30th ult., at Braemar, the wife of Dr. William Haldane, of a daughter.

O'CONNOR.—On the 1st inst., at Welshpool, the wife of Bernard O'Connor, M.D., of a son.

ROPER.—On the 1st inst., at Granville Park, Blackheath, the wife of Arthur Roper, M.R.C.S.E., of a daughter.

TREVAN.—On the 31st ult., at Portman-square, the wife of W. F. Trevan, F.R.C.S.E., of a son.

WINSLOW.—On the 30th ult., at Hammersmith, the wife of Henry F. Winslow, M.D., of a daughter.

MARRIAGES.

JOHNSTON—THOMSON.—On the 5th inst., at the Presbyterian Church, Towland, near Darlington, by the Rev. E. F. Scott, George Johnston, M.D., to Christina Landale, third daughter of David Thomson, Esq., of the Towland Iron Works.

KESTEVEN—FLINT.—On the 28th ult., at the Parish Church, Croydon, Wm. Henry Kesteven, M.R.C.S.E., to Beatrice, daughter of Richard Flint, Esq.

PAGE—PARKER.—On the 30th ult., at Great Orton, Herbert William Page, M.A., F.R.C.S.E., to Alice Mary, daughter of the late Rev. Christopher Parker, M.A.

DEATHS.

BOWERS.—On the 20th ult., at Piltown, co. Kilkenny, Edward Bowers, L.K.Q.C.P.I., aged 28.

COLBY.—On the 27th ult., at New Malton, William Colby, M.R.C.S.E., aged 76.

JONES.—On the 30th ult., at Clapham-road, George John Jones, M.R.C.S.E., L.S.A., late of Prittlewell, Essex, aged 63.

NESHAM.—On the 29th ult., at Newcastle-on-Tyne, Wm. Nesham, M.R.C.S.E., aged 76.

PULLAN.—On the 26th ult., at Epworth, Lincolnshire, Mary, the beloved wife of H. W. Pullan, M.R.C.S., L.S.A.L., aged 28 years.

SAUNDERS.—On the 12th Jan., on board the *Windsor Castle*, on the voyage to Sydney, Laurence Saunders, M.D., late of Stapleton-road, Bristol, aged 29.

SCOTT.—On the 24th ult., at Edinburgh, Thomas Rennie Scott, M.D., aged 60.

TEALE.—On the 1st inst., at Belvoir-terrace, Scarborough, Robert Canning, eldest son of John W. Teale, M.A., F.R.C.S.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

THE SANITARY CONDITION OF BARKING TOWN.

THE death-rate which prevailed during 1875 among the population of nearly 600,000 persons living outside and around registration London averaged 17·9 per 1000, after due correction for the deaths recorded in the two Middlesex County Lunatic Asylums, situated at Hanwell and Colney Hatch. Dividing this outer ring of suburban London into 14 groups of registration sub-districts, the Epsom group showed the most favourable results, as the death-rate from all causes in the year was but 15·8 per 1000, and that from the seven principal zymotic diseases 1·9 per 1000. The Romford group, on the other hand, appears at the bottom of the list, with a death-rate of 20·3 per 1000 from all causes, and of 4·3 from the seven zymotic diseases. Not one of the twelve other groups showed a higher rate than 20·1 per 1000. By examining the figures published by the Registrar-General in greater detail, it is not difficult to ascertain that Barking town is responsible for the principal part of the excessive death-rate in Romford district in 1875. Barking town sub-district has a population of about 7000 persons, the deaths among whom in 1875 showed a proportion of 23 per cent. due to the principal zymotic diseases; the average percentage of these deaths in the entire outer ring not exceeding 14. This high death-rate in Barking town was in great measure due to the epidemic prevalence of scarlet fever; other causes are, however, also at work, as infant mortality, measured by the proportion of deaths under one year to births, was 15·9 per cent., against 13·7 per cent., the average proportion in the outer ring. In 1871 Barking town was not a Local Board district, and if this still be the case, the town forms a part of the rural sanitary district of Romford. The guardians, as the sanitary authority, appear to have appointed the local district medical officers as medical officers of health, with additions to their salaries, which are too small if real sanitary work is expected or performed, and too large if the appointments are intended to be a mere sanitary sham. The arrangement, so far as Barking town is concerned at any rate, does not seem to work well, as its sanitary condition during 1875 appears to have been anything but satisfactory.

DOUBLE CURRENT ELASTIC CATHETERS.

MESSRS. VERDUN and CHASE, upon the request of M. Reliquet, have constructed instruments of this kind. They have given them different shapes, some with a large curve, others conical, olive-shaped, elbowed, and double-elbowed. In all, however, the injecting canal is small, and the returning tube large. The makers have used a very fine silk material, though sufficiently strong, so as to diminish as much as possible the thickness of the parietes, and get an increase of calibre.

IS IT ETIQUETTE?

To the Editor of THE LANCET.

SIR,—I should be glad to know, through the columns of your valuable journal, whether it is considered etiquette for a medical man to attend his wife at the time of her confinement? Yours truly,

April, 1876. OBSTETRICUS.

*** It is scarcely a question of etiquette. Many medical men attend their wives. Many, we think wisely, object to do so. Even those who do attend their wives obstetrically, often do so to please them, and not because they approve of it. It is a question of feeling rather than of ceremony or decorum.—ED. L.

PROFESSIONAL OVERCROWDING IN THE STATES.

THE *Medical Record*, of New York (March 11th, 1876), publishes a leader, which depicts in very dark colours the prospects of the young generation of doctors. The article sets in striking contrast the commencement exercises of the College of Physicians and Surgeons (the conferring of the degree of M.D. and the distribution of prizes), the flowery speeches of the professors, the promises of success in life to the ninety-three new graduates, with the material impossibility of such success from the fearful overcrowding of the profession. The author of the article sketches the hundredfold difficulties which the young doctors have to overcome, the jealousy with which they are met by their professional brethren, the enmity of coteries, and concludes that want and despair stare them everywhere in the face. We hope that there is much exaggeration in this, and that the writer was swayed by some unfortunate circumstances which, probably, are far from being the rule.

Inquirer.—The Quarterly Return of the Registrar-General, and his "Annual Summary," contain much useful information relating to the proportion of infant mortality in towns.

Occulist.—Our correspondent labours under a strange misapprehension. He can receive for such fees.

Caius.—We fear that such a life as the one described would not be accepted by any Office.

SALOP MEDICAL AID SOCIETY.

To the Editor of THE LANCET.

SIR,—In reading the letter in your issue of March 4th, signed by one who styles himself "Observer," we were astonished that anyone should endeavour to make such erroneous statements as are therein mentioned, and, if you will allow us, we will comment a little thereon.

"Observer" would lead the public to understand that we are not able to pay our way, and that is the reason we have altered the salary from £300 to £150 per annum. If such is the case, is it not more honourable of us to do so than to run into debt? and is it, after all, such a very poor stipend for a medical man—viz., £150 per annum, with house, coal, gas, drugs, and conveyance all supplied? We do not hesitate to affirm that very many in private practice would like to see themselves possessed of so much cash after paying out the above items. With regard to the vast amount of work and time that the fulfilling of the duties takes up, we would just observe that during the time our late respected surgeon, W. A. March, Esq., was with us, we never heard him say that he was overworked; but he seemed to go through his various duties without one word of complaint. Though we must admit our first surgeon frequently complained about it, saying that there was more than he could do, yet, withal, he introduced "casual medical attendance" in addition to his other duties, thus making his work more. Nevertheless, that plan was soon abolished; for the Association has suffered great loss from such a system; for even to the present time many of those accounts remain unpaid. We would also mention that on his resigning his post as medical officer to the Association, he recommended to us his brother for the vacancy; so should, therefore, think it most unnatural for one man to persuade his own brother to take an office if it was such a considerable one as that stated by "Observer."

When the engagement of our first surgeon took place, it was not with the understanding that in three months hence an assistant would be appointed, though we hesitate not to affirm that if things had progressed as satisfactorily as they might have done in the earlier history of this Association we should not have suffered the loss of many of our members, some of whom were paying large contributions—viz., that of one guinea and half-guinea per annum, and some other smaller sums; we might then have been in a better position to have been able to give the £300 per annum for the medical officer, and possibly possessed of a duly qualified assistant also. We would just state that this loss was not sustained through not supplying good and proper medicines; but as "Observer" seems to have taken notice of such a great deal, he might possibly know the reason.

Our first medical officer resigned his post as surgeon to this Association to enter into partnership with another surgeon in Tunstall, with the view of taking to the practice. However, he has within the last nine months relinquished his post there, and returned to Shrewsbury, and commenced private practice. The reason our late surgeon left, "much to the regret of all connected with the Association," was owing to the death of his respected father, whose practice he has taken to in London; and he has gone with the best wishes of us all, "that his future career may be crowned with success."

With regard to midwifery cases, there have certainly been a few. In looking through our books, we find that during the last year there have been eleven cases, so you will perceive they have not been very numerous.

From the many applications that have been received for the vacant post (which is now filled by a duly qualified practitioner), it is a clear proof that the medical staff generally are satisfied with the remuneration given.

The present system of the old Shrewsbury Dispensary did not come into force till after last Midsummer, whereas in "Observer's" letter it would be a year and a half ago.

We, therefore, think that "Observer" would have shewed more wisdom by allowing his pen to have remained untouched upon his study-table than to have penned such an epistle, or otherwise should not (since he seems to know all) have stated what is incorrect in the manner which he has.

Yours respectfully,

April, 1876. THE COMMITTEE.

*** We gladly insert the letter of the Committee; but we should have been more glad still if it had refuted a little more satisfactorily the statements of "Observer." His assertions as to the number of patients, the area of the district, hours, &c. &c., are not contradicted. With all deference to the Committee, we think £150 very inadequate to pay for such services. It is little more than the salary of a good assistant, and if they wish to be well served, and permanently, they will have to give more. They themselves admit the frequent changes in the medical officership. Clearly the medical officers would not leave if they did not regard the appointment as unsatisfactory, and a mere step to something else. Let the united clubs devise more liberal pay for medical service, which is at once harsh and laborious.—ED. L.

CONVENTS AND THEIR LUNATICS.

IN the debate in the House of Commons on the 31st ult. it was practically admitted that the convents, which are so rapidly increasing in this country, are, in addition to their "holy vocation," also unlicensed lunatic asylums. Mr. O'Leary assured the House that one lady, who had created a disturbance in Dublin thirteen years ago, had been proved insane when her case was mentioned in Parliament. Mr. Hardcastle, besides pointing out the fact that persons of unsound mind are detained in convents, drew attention to the "infrequency of coroners' inquests in these institutions." No Roman Catholic member thought it worth while even to contradict either of these most pertinent statements. When a medical man detains a lunatic without a licence, he is punished with imprisonment. Convents enjoy an unconstitutional immunity in this respect. As Mr. Hardcastle points out, there must surely be some cases of lunacy among the 6000 ladies detained in convents. It is plain that these institutions are in some important respects outside the law, and practically responsible only to such a code as may be invented by themselves. Sir G. Bowyer admits this when he says: "Convents are female republics, having a free right of election of all the officers, from the superiors down to the porters. These are free communities of women, and the bishops cannot interfere with them except in a way in accordance with their rules." Nothing can justify such a state of affairs. Are the Commissioners of Lunacy powerless in the matter?

Professor Dr. L. M. (in Breslau).—Our correspondent's only course is to apply to the various shipping offices. We should not think there would be any difficulty in making such an arrangement.

CLIMATE OF TORQUAY, WITH STATISTICS.

To the Editor of THE LANCET.

SIR,—It is difficult to believe that the medical profession generally would be influenced to decide against a sanatorium so long and well known and appreciated as Torquay has been on the slender data of the few statistics given by Dr. Theodore Williams in his very interesting Lettsomian Lectures recently delivered; but the sanction of his well-known name has already induced the local press of various rivals to take advantage of this opportunity to injure her fair fame as a health resort, and it hardly behoves us, who so thoroughly know and believe in her, not to say a few words in endeavouring to show the error of the reasoning.

Statistics, we all know, are most prone to mislead, especially relative statistics; at all events, to be of any value, they must be more extensive than those produced by Dr. Williams. Again, cases of phthisis are so different in character and so likely to end differently, that there is a probability that those sent to Torquay were, without intention, unfortunate cases.

Dr. Williams allows so much in favour of this place—viz., its higher temperature in winter, its equability, its sheltered situation, its good superficial drainage and water-supply, and excellent house accommodation,—as to lead to the conclusion by those who consider the matter in a common-sense point of view that his conclusions are premature, and may be open to error.

The better result obtained at a sanatorium with lower temperature and more blowy and exposed to east wind (not modified as it is farther west by passing over sea-water down channel) is so extraordinary that it cannot be passed unnoticed. It is a generally held opinion, borne out by experience, that chest disease is in excess in proportion to the amount of exposure to high wind, no matter what the aspect may be. Haviland, in his papers on the Distribution of Disease in England, lays this down as a rule, and I think few would dispute it. Now, as the large proportion of cases of phthisis are secondary to inflammatory attacks, it is reasonable to believe that place most suited to their arrest where they can get regular out-of-door exercise in an equable climate, with shelter or immunity from winds. Our greatest enemy is wind in the majority of cases, which, by keeping up bronchial irritation and producing pneumonic attacks, accelerates the disease. In corroboration of this, the county which sends the greatest number of phthisical cases into Devonshire, to be treated at our Hospital for Consumption, is Wilts, proverbially high and blowy.

Torquay may not be so attractive in winter as the south of France, but it is eminently a *safe* climate. The fact that it has an amount of cloudy, dull weather in winter is its safeguard. The hot sun and clear air of the Mediterranean shore may be exciting and invigorating to a certain set of cases, but must be very deceitful and dangerous to the majority. The heat going away after sun-down into space rapidly lowers the temperature, so that the range from midday heat to the coldness of night is very great and prejudicial; whereas from the ceiling of clouds the heat does not with us escape, but is sent back again to keep our temperature equable. Hence the comparative exemption of our patients from inflammatory attacks; this and the pernicious winds which are so constantly blowing along the Mediterranean shores make the climate so treacherous and unsafe. It is quite new to me to find that there is unusual inability to take cod-liver oil in this climate, or that diarrhœa is more than ordinarily prevalent; on the contrary, the experience of myself and my medical brethren tends the other way. There are now in the Western Hospital for Consumption 24 females and 23 males; of these, only 8 do not take the oil, and these merely because it is not ordered for them, and because they have indications for steel or other treatment. *One has refused it only*, after taking it regularly for two months. Two men and three women only have suffered from diarrhœa during the season commencing in October; surely not an alarming percentage. I can show (and I believe my brother physicians can do the same) a number of cases of arrest of serious disease which have remained *in statu quo* for many years, and I feel perfectly satisfied with the results I have obtained during my residence here compared with other health resorts; but, rather than give the results of my private practice, I consider it more satisfactory to call attention to the statistics of patients treated in the Western Hospital for Consumption of this place for sixteen years. These statistics will, I think, have weight from the length of time they go over, and the results I confidently leave to the profession. I must remark, however, that a number of patients were discharged as "well" which I have included under "much improved," and that the matron is in constant correspondence with people, formerly inmates of the institution, who continue well and are earning a livelihood, and that we repeatedly get amongst the patients some who have been formerly inmates, and whose disease has been checked for years. I have now under my care there a man who fifteen years ago spent a winter in the hospital. Since then he has resided in Torquay and earned a living as out-door servant. A patch of crepitation produced by a recent severe attack of hæmorrhage, for which he was admitted, is gradually passing away, and he will on the closing of the session resume his occupation. During the years from 1860 to 1875 inclusive, 542 males have been admitted. The result was—

Much improved	235
Improved	118
Unaltered	81
Worse	98
Dead...	20
	542
467 females—	
Much improved	208
Improved	131
Unaltered	43
Worse	76
Dead...	9
	467

For the last thirteen years a record has been kept of gain or loss of weight, with the following results:

439 males—	
Gained from 1 lb. to 32 lb.	290
Unaltered	62
Lost	87
	439
379 females—	
Gained from 1 lb. to 33 lb.	260
Unaltered	46
Lost	73
	379

Now these were not selected cases; indeed many of the deaths occurred from receiving advanced cases, who only survived their arrival a short time. They were *ordinary hospital cases*, and yet the percentage of improved in these 1010 cases is nearly double that of Dr. Theodore Williams's cases; for whereas in Dr. Williams's tables he gives 35 per cent. cured and improved, and 41 per cent. worse, the Western Hospital cases give 68 per cent. of cured and improved, and 20 per cent. worse.

I remain, Sir, yours truly,

H. S. HOUNSELL, M.D., M.R.C.P. Lond.,
March, 1876. Physician to the Western Hospital for Consumption.

TEN CENTS A BRICK.

A FREE hospital for children has for some time been in existence in New York, the last annual report stating that 96 patients had been treated during the year. It would appear that the premises of this institution were simply rented; but the authorities have now purchased the building for 30,000 dollars. One of the means taken to raise the required amount of purchase money, and at the same time give the children a proprietor's interest in the building, is to ask each child to contribute one brick. The cost of a brick, when in position, is estimated at ten cents, and it is desired to have 350,000 bricks, equivalent to 35,000 dollars. An illuminated card will be presented to each purchaser of a brick. Although this plan has been originated quite recently, 10,000 bricks have been subscribed, and the popularity of the scheme with the Sunday School children is such that no fears are entertained of its ultimate success.

"THE ETHICS OF CIRCUMCISION."

To the Editor of THE LANCET.

SIR,—Your admirable comments in THE LANCET of the 1st inst., under the above heading, have attracted my attention. I trust I may be allowed to say a few words on the subject, having made it a special study, and having been in the habit of performing the operation almost daily for some time past.

The accompanying correspondence, which appeared in a leading Jewish paper not very long ago (from which you may at your own discretion make any extract) will show the interest I take in the matter, and that your views of the advantage of entrusting the operation to competent medical men have already been a topic of controversy.

It is gratifying to me to find that an eminent authority like THE LANCET has expressed the same opinion I have strongly advocated both publicly and privately, and your article will doubtless have great weight with those persons who have to give the subject their uniform attention. I believe most medical men are agreed as to the beneficial effects of the operation, regarded from a sanitary, moral, or utilitarian point of view; but I must dissent from the remarks you make on its semi-publicity and repulsiveness as practised amongst the Jews, as there is no necessity for either beyond securing sufficient proof that the operation has been performed, and in accordance with the regulations laid down for its observance. Publicity is not courted, and as performed by myself and other professional men connected with a Society which has for its sole object "the sealing of the covenant of Abraham on the children of Israel," is divested of any repulsive or cruel character which has been attributed to it, so much so that many a young neophyte undergoes the ordeal without a whimper. It is needless to observe, the religious element is always present on these occasions; but it in no way interferes with the operation.

Your obedient servant,

M. CLIFFORD EBSELL, L.R.C.P. Lond., &c.

Great Russell-street, Bloomsbury-square, April 4th, 1876.

REVUE DE MÉDECINE ET DE PHARMACIE DE L'EMPIRE OTTOMAN.

WE have received a number of this periodical for March 15th, 1876, being No. 7 of the first year. There are only two original articles in it: one on the History of Medicine among the Arabs; and the other on the Trehala, an insect forming a shell, like cochineal. The rest are reprints from French medical journals.

AN ITALIAN LOUISE LATEAU.

SOME short time ago it was rumoured in Turin that a miracle had taken place. Every Friday wounds were noticed on the forehead, the hands, and the feet of a "holy" nun of the Convent of Cottolengo. The authorities were anxious to ascertain the truth of the miracle, and entrusted the examination of the nun to Professors Pacchiotti (so well known in England and France), Rovida, and Giacomini. These gentlemen sent in the following report:—"In the first place we find that the patient is in a great state of excitement, which induces her to imitate the wounds of our crucified Saviour, wherein she has hitherto not particularly succeeded. In the second place, the wounds have been produced by sharp instruments, such as pins or needles; and every Friday, when these wounds are on the point of healing, they are reopened by the same instruments. The patient should be sent into a hospital to be watched and cured." The authorities, in compliance with this advice, ordered the nun to be conveyed to hospital.

HYDATIDS IN PORK.

ON March 14th Dr. Cobbold showed to his class (at the Royal Veterinary College, London) a rather large Echinococcus veterinorum, forwarded by Mr. Goforth Wyer, V.S., of Doningtoo. Mr. Wyer states that he "found it deep-seated in the muscular structure by the side of the spine in the dorsal region." He adds that about three ounces of watery fluid escaped when the cyst was accidentally cut. The specimen is interesting pathologically on account of the rarity of the situation in which it was found. Its thin capsule consisted merely of connective tissue.

ON THE SPECIFIC TREATMENT OF WHOOPING-COUGH BY THE ADMINISTRATION OF DISULPHATE OF QUININE IN FULL DOSES.

To the Editor of THE LANCET.

SIR,—Having had during the last six months a great many cases of whooping-cough, and some of them having been of a rather severe type, I have been led to devote a considerable amount of time and attention to the study of this complaint, with a view of finding, if possible, some remedy that would at once cut short the paroxysms; and, as my efforts have been so far completely successful, I consider it my duty to bring the matter under the notice of those of my professional brethren who may deem it worth their consideration. I may state that, as far as I can ascertain, the treatment of whooping-cough by full doses of quinine is original, and I am further strengthened in that opinion by the fact that up to the present time there is, I believe, no generally recognised certain specific for this complaint.

As I wish to be as brief as possible, I shall not at present give my reasons for trying quinine in these cases, but shall merely say that until about three months ago I had always employed the anodynes, narcotics, tonics, counter-irritants, &c., generally recommended in the standard medical works, with the usual unsatisfactory result of temporarily alleviating the attacks, but in no instance of cutting them short. Although the first cases treated with the quinine in large doses, according to the age of the patient, were cured in a few hours, yet, as they had been previously treated with anodynes, &c., they were not considered to afford by any means a satisfactory proof of the power of the alkaloid over the complaint. The results of its administration were, however, sufficiently encouraging to warrant me in giving it a fair trial by itself. This I have since done, and it has never yet failed in a single instance, even in the severest cases, to give almost immediate relief, and in a few hours (i.e., from twelve to forty) to absolutely cure the patient. The following four cases have been selected from others, all treated with the quinine only, to show variation in ages and doses, and they will serve to illustrate the method of treatment.

CASE 1.—G. J. B——, aged fifteen months. This infant first showed symptoms of whooping-cough on December 29th, 1875, and during the first five weeks the attacks gradually increased in severity and frequency until at the end of the fifth week a paroxysm occurred about every hour, and occasionally oftener, day and night. The vomiting was very frequent, and there was a considerable amount of febrile disturbance. The smallest quantity of nourishment introduced into the stomach was returned almost immediately, and this inability of the stomach to retain food caused great emaciation. This state of things went on until March 6th, 1876, when the father consulted me upon the matter, and I immediately prescribed the following mixture:—Disulphate of quinine, sixteen grains; dilute sulphuric acid, quantum sufficit; tincture of oranges, one drachm; water to two ounces: two drachms to be taken every three hours. The first dose was given at 4 P.M. on a Monday, and was immediately vomited, and in the space of ten minutes a second was given, which was retained. The doses were now regularly given and retained, with the following result:—The attacks of vomiting at once ceased, and the paroxysms of cough became much less violent and also less frequent—viz., only ten attacks from the time of taking the first dose until 8 A.M. on Tuesday. The same medicine was continued in the same doses, and throughout Tuesday morning and afternoon the attacks, which were less violent, were about three hours apart (unless brought on by any undue excitement). From 10 P.M. on Tuesday to 8 A.M. on Wednesday there were only three attacks, and these were not at all violent. During the rest of Wednesday the attacks were reduced to two in number, and have from that time, with the exception of one or two coughs about twelve hours apart, which have since ceased, entirely disappeared. This patient was not confined to the house during the treatment, and had as a diet milk slightly thickened with oatmeal-gruel.

CASE 2.—T. N——, aged eight years. This patient had suffered from whooping-cough for three weeks (and had six months previously been for five weeks suffering severely from gastric fever). There was vomiting each time any attempt was made to administer nourishment; the attacks of coughing were about an hour and a half apart day and night, and exceedingly violent and prolonged, especially during the night, the patient getting little or no sleep. A little ordinary cough mixture, containing compound tincture of camphor, was given by the parents; but as the cough got more violent and frequent, and as the little patient appeared to be wasting from want of nourishment, the father applied to me, and I prescribed the following mixture:—Disulphate of quinine, eighteen grains; dilute sulphuric acid, quantum sufficit; tincture of oranges, one drachm and a half; water to three ounces: half an ounce to be taken every three hours. The result of which was that the vomiting ceased at once, and the paroxysms gradually decreased in number and violence until at the end of *thirty-six* hours from the time of taking the first dose all trace of the whoop had disappeared. The diet ordered was milk with some light farinaceous substance, such as rice, sago, &c.

CASE 3.—A. M. B——, aged eight months. This little patient had been suffering from whooping-cough about four days only, and there was no vomiting. This case was treated with disulphate of quinine in one-and-a-half-grain doses, with sufficient quantity of dilute sulphuric acid, every three hours, and after the third dose all traces of the complaint had disappeared. The diet in this case was principally milk-and-water, as the mother was not able to nurse the child to any extent.

CASE 4.—H. B——, aged four years. This child was very delicate and weak previous to taking the complaint, and the paroxysms, which came on about every half hour, were very violent and prolonged, and accompanied with profuse hæmorrhage from the nose. I thought it better to be very cautious in giving the full doses in this case, as I did not know how the stomach would bear them. I began by giving two-grain doses of the quinine every three hours, and, finding this answered exceedingly well, I increased the dose to three grains every three hours. The result of the treatment was in this case very striking and marked, as the hæmorrhage at once ceased, and during the first twenty-four hours from the time of taking the first dose the attacks of whooping-cough were reduced to five in number—i.e., three times in the day and twice in the night following. During the second twenty-four hours under the three-grain doses the attacks were reduced to three—viz., two in the day, and one in the night following. In the next twelve hours there was only one whoop, and this, which was the last, was an exceedingly faint one. The cure of this case, which was a very severe one, was effected by the quinine in sixty hours, and this, too, in a very delicate patient.

From what I have seen of the action of quinine in these cases, I think it very probable that a still larger dose given at first might arrest the complaint in much less time than in the instances given above. Time and further opportunities of employing this remedy will alone prove whether I am correct in my surmises, and my only object in introducing this treatment of whooping-cough to the notice of the readers of THE LANCET is to point out a means, upon which any brother practitioner may rely as being safe and specific, of at once arresting one of the most ordinary, but at the same time most troublesome, complaints that it is the lot of children to be subject to.

Yours truly,

JOHN REYNOLDS, L.R.C.P. Edin., M.R.C.S. Eng.

Cold Harbour-lane, East Brixton, March 20th, 1876.

Mr. Knight Treves.—We think the sum paid little enough; but we fear that in criminal cases more is seldom allowed. Our correspondent is now without any redress; but in future he should ask for his expenses in the box *before he is sworn*. By this means he secures the opinion of the Judge and the other officials in court on the propriety of the sum which he may claim.

Dr. James Stewart.—Published by Churchills.

"A CASE OF DIFFICULT PARTURITION."

To the Editor of THE LANCET.

SIR,—There are one or two points of importance in Mr. Bullen's interesting case of difficult parturition upon which I should be glad to be permitted to make a few brief remarks.

Passing by the character of the presentation and mode of delivery in the labour described as of minor interest, we arrive at the very practical question suggested by Dr. Wright, which embraces the chief points in the case—viz., "How is it that the head always passed the contracted pelvis when the case was a footling or made such? Was it that the head was in a better position for extraction, and more force could be used, or has the deformity of the pelvis become worse since her last confinement?" The reply may be conveniently divided into three parts, having reference (1) to delivery by the feet, (2) to the size of the child, and (3) to the pelvic deformity.

1. Delivery by the feet. Turning has been aptly termed the master-stroke of the obstetrician, and it is in precisely such cases as Dr. Wright's that podalic version is most valuable—i. e., where there is moderate but not extreme narrowing of the conjugate diameter. Here the head is presented in the most favourable manner for passing through the strait, the narrowest part of the cranium being first engaged, the bi-mastoid being narrower than the bi-parietal diameter, which latter, owing to flexion of the head, is engaged in vertex presentations. It is not a question of force, but of adaptation.

2. The size of the child. As Dr. Matthews Duncan has shown, first are, as a rule, smaller than subsequent children; and I would suggest that this may possibly account for Mr. Bullen's success in saving the life of the first of the six children. Another important point in reference to the size of the child is sex. No mention is made of the sex of the six children. It is known that, as a rule, the heads of boys are larger than those of girls. The labours of a patient of my own well illustrate the influence of sex upon the size of the fœtal head. She had five children, three boys and two girls. The latter were born without difficulty, in spite of a narrowing of the conjugate diameter, which was sufficient to interfere with the normal delivery of the boys, each of whom required the use of forceps, the head being invariably arrested at the brim by the too projecting sacral promontory. On the other hand, I have known difficulty attend the birth of the girls of a family, while none attended that of the boys; but this is infinitely rare. Sex, then, as well as primogeniture, may on the part of the fœtus influence the process of parturition.

3. In reference to the important question "whether the pelvic deformity has become worse," I have no hesitation in stating that my observations enable me to affirm that such deformities do increase with age. Upon this point I have no doubt. This is obviously a question of very great importance, and it is one upon which my observations, extended over a number of years, during which I have paid special attention to the subject, leave me no room for doubt.

In the advice given by Mr. Bullen and Dr. Wright, that the patient should have labour induced at the seventh month should she again become pregnant, I fully concur; and the success I have had in similar cases, where labour was induced by simply separating the membranes without puncture, prompts me to urge the adoption of that practice whenever time will admit of its employment.

I am, Sir, your obedient servant,

ALFRED WILTSHIRE, M.D.

Wimpole-street, Cavendish-square, April 3rd, 1876.

A CENTENARIAN.

DISBELIEVERS in centenarians will find the case of a hawker in Sheffield, who claims to have nearly reached the ripe age of 107 years, an interesting subject for investigation. A few days ago this venerable hawker paid a visit to the offices of the West Riding Constabulary for the purpose of having his licence endorsed. The date of his birth, which took place at Whitby, is stated to be 30th April, 1769, and of his baptism 22nd May following. In spite of his age, this old man is stated to have walked from Chesterfield to Sheffield on the 24th ult. Among other facts corroborative of the age of this remarkable hawker, it is stated that he recently lost a son who was aged 82 years. It would be curious to see how all this circumstantial evidence would stand the test of the rigid examination prompted by incredulity.

CHRONIC URTICARIA.

To the Editor of THE LANCET.

SIR,—In a very troublesome case of chronic urticaria under my care some months ago, which seemed to baffle all treatment, I found the alkaline bath, as suggested in Dr. T. Fox's little book, relieve the case at once, together with avoiding all irritation to the skin, such as would be produced by wearing flannel. At the same time I gave my patient a mixture composed of large doses of bicarbonate of potash and sulphate of magnesia. I ordered the bath to be made by putting half a pound of bicarbonate of soda in an ordinary warm bath, and used every night for fifteen minutes.

Yours truly,

Pontypool, March 26th, 1876. S. BUTLER MASON.

QUACKERY IN BUENOS AYRES.

THE Board of Public Health has been very busy in Buenos Ayres, determined as they are to put down quackery and illegal practice. Six pharmaceutical establishments have been closed by order, and several quacks heavily fined. The effect of these measures has been extremely beneficial, and it is hoped that the penalties will prove an excellent guarantee for the future.

GELSEMINUM SEMPERVIRENS.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers inform me whether the plant which is now in bloom in our gardens, and has been so for the last month, is the true Gelseminum sempervirens, or whether it is one more like a jessamine, sweet-scented, and with a larger foliage, which blooms in June or July? Both are called about here "yellow jessamine," but I suppose only one should really bear that name. Yours obediently,

March, 1876. J. H. G.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Spence, Edinburgh; Dr. Broadbent, London; Dr. Ferrier, London; Dr. Sturges, London; Dr. Habershon, London; Mr. MacCormack, London; Mr. Hutchinson, London; Dr. Hogg, Dumfries; Mr. Sewill, London; Mr. Blease, Altrincham; Mr. Walker, Peterborough; Mr. Hooper, Birmingham; Mrs. Damonts, Fakenham; Mr. F. G. Brown, London; Mr. Maunsell, Woolwich; Mr. Lesterhofen, Homburg; Dr. Hollis, Brighton; Mr. Forbes, Glasgow; Mr. Newton, Newcastle; Mr. Cleather, London; Mr. Coulton, Birmingham; Mr. Crumpton, Shrewsbury; Dr. Stewart, Whitby; Mr. Johnson Smith, Greenwich; Mr. Reynolds, Brixton; Mr. Rivington, London; Mr. Boon, King William's Town; Mr. Wilton, London; Mr. Heddy, London; Mr. Walwyn, Leeds; Mr. Purdon, Liverpool; Dr. Eskell, London; Mr. Tipple, Greenhithe; Mr. Hills, Conisborough; Mr. Wraith, Darwen; Dr. McEnery, Cerne Abbas; Dr. Ewens, Clifford; Dr. Farrar, Bradford; Mr. Harris, Bedford; Mr. James, Hallaton; Mr. Mordaunt, Esher; Mr. White, Maidstone; Mr. Chenies, Chesterfield; Mr. Wharton, Birmingham; Dr. Livingstone, Stanhope; Mr. Treves, Margate; Mr. Thomas, Caterham; Mr. Ferguson, London; Mr. Horton, Marlborough; Dr. Smalley, Chatham; Mr. Cooke, London; Mr. Draper, Cheltenham; Dr. Bender, Bristol; Dr. Watson, Manchester; Mr. Bradley; Mr. Wyer, Spalding; Dr. Russell, Glasgow; A. B. C.; J. F. E.; A. H. D.; Professor Dr. L. M., Breslau; A Fogey; Parish Doctor; H. J. E.; L.R.C.P.L.; M.B.; Cains; Registrar-General, Edinburgh; Medicus, Essex; Medicus, Shiffnal; A Professional Working Bee; L.R.C.P. Lond.; Medicus; Hon. Sec. of Hospital for the Throat; Arcadian; H. C.; Scrutator; A Guardian; E. M.; F.R.C.S. Lond.; Nemo; Head Master; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from — Dr. Watson, Moss Side; Dr. Rayner, Brentwood; Dr. Taylor, Sheffield; Mr. Lyle, Dalston; Mr. Monckton, Hurstpierpoint; Mr. Jones, London; Dr. Craig, Bishopstone; Dr. Johnston, Leicester; Dr. Roe, Ellesmere; Mr. Symons, Penzance; Mr. Gorst, Hayton; Mr. Eberle, Easingwold; Mr. Blythman, Rotherham; Dr. Thomas, Cwmaman; Mr. Brown, Tredegar; Dr. Davis, Earleigh Court; Mr. Taylor, Sheffield; Mr. Hall, Wigan; Mr. Thornton, Dewsbury; Dr. Bowes, Herne Bay; Dr. Whatmough, Cinderford; J. C., Dublin; J. T. M., Knighton; L. S. A., Leicester; A. M., London; F. R. S., Higham Ferrers; X., Widnes; Bristol; Alpha, Northampton; A. B. C., Boxford; Medicus, Dronfield; F. R. C. S., Sheffield; Medicus, London; J. W., Glasgow; A. B., London; Forceps; M.D., London; F. H., Slough; Chirurgici Filius; W. M.; Shah in Shah; Medicus, Shaftesbury; C. C.; E. P. M.; L. L. B., Thaxton; Beta; A. B.; Medicus, Reading; L. S. A.; Medicus, Stroud; R. H., Manchester; W. E. C. M.

Manchester Guardian, Newcastle Chronicle, Welshman, Local Government Chronicle, Darwen News, Liverpool Post, Cork Constitution, Derbyshire Times, East London Observer, Western Morning News, Surrey Advertiser, Metropolitan, Birmingham Morning News, Sheffield Independent, Buckingham Advertiser, and *The Citizen* have been received.

METEOROLOGICAL READINGS

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, APRIL 6TH, 1876.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8 A.M.
Mar. 31	29·58	S.E.	47	52	...	63	45	...	Bright
April 1	29·69	N.E.	45	47	...	54	43	...	Overcast
" 2	30·00	S.E.	45	51	...	59	40	...	Bright
" 3	30·25	S.E.	43	45	...	66	40	...	Overcast
" 4	30·45	W.	47	50	...	67	41	...	Bright
" 5	30·52	W.	54	56	...	62	49	...	Overcast
" 6	30·42	E.	51	54	...	...	52	...	Overcast

Medical Diary for the ensuing Week.

Monday, April 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. J. Knowsley Thornton, "On the Surgical Aspects of Pelvic Hæmatocele."—Dr. Semple, "On the Pathology and Treatment of Cerebral Diseases."

Tuesday, April 11.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot.—8½ P.M. Dr. Gowers, "On the Development of Spindle Cells in Nested Sarcomas."—Mr. Henry Morris, "On a Case of Intermitting Hydronephrosis, with Remarks on Hydronephrosis as a Cause of Abdominal Tumours."

Wednesday, April 12.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. General Meeting, when Dr. Pye Smith will bring forward a Case of Syphilitic Disease of the Trachea and other Organs.—Also, Dr. Sutton will bring forward some Observations on Anorexia.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Sternberg, "On recent Epidemics of Yellow Fever in the United States."

Thursday, April 13.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, April 14.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, April 15.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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